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1929







THE  
Canada Medical Record.

A MONTHLY JOURNAL

—OF—

*Medicine, Surgery and Pharmacy.*

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VOLUME XVII.

OCTOBER, 1888, TO SEPTEMBER, 1889.

MONTREAL:

PRINTED AND PUBLISHED BY THE HERALD CO., 6 BEAVER HALL HILL.

1889.





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# The Canada Medical Record

VOL. XVII.

MONTREAL, OCTOBER, 1888.

No. 1.

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## Original Communications.

### ELECTRICAL TREATMENT OF UTERINE FIBROIDS, WITH ANSWERS TO OBJECTIONS AND CITATION OF NOVELTIES.\*

By G. APOSTOLI, M.D., Paris, France.

GENTLEMEN,—Every therapeutical innovation which runs counter to prejudices and interests meets with opposition, and has to bear the brunt of hastily formed opinions. This has been the lot of my electrical treatment of uterine fibroids, and I am happy that it should be so, since frank and loyal controversy will bring light upon the subject and strengthen my position.

My first object to-day is to bring forward all the arguments that have been set up against my system, to reply to them, and show that this can be done with success. In order to avoid personalities and to keep this discussion on a footing of scientific courtesy, I shall group these objections without regard to the source from which they come, and let my reply immediately follow the statement.

In the second part of my paper I propose to introduce to your notice some additions I have made to my therapeutical exped-

ients, which will be regarded as of practical importance.

PART I.—ANSWERS TO OBJECTIONS. 1. CRITICISMS OF THE BOOK OF DR. CARLET.—Many deprecatory remarks have been made upon the histories of my first hundred cases, as reported in the thesis of my assistant. I must notice them separately.

A. It is said that I have confusedly mixed up cases of simple subinvolution, or the enlargements of chronic metritis, with those of fibrous tumors. How could this possibly happen? since the greater part of the women had never been pregnant, and among the rest I had to deal with wombs of enormous size, some even rising above the umbilicus; besides, the most careful examination, both external and internal, combined with hysterometry, left no doubt in my mind as to the nature of the cases. But even supposing a mistake had been made in some rare cases, it could be no cause for regret, for it would only prove that two conditions, chronic metritis and fibrous tumors, equally refractory to ordinary management, are amenable to the same treatment.

B. Judging by the uterine measurements given in my book a large proportion of my cases have but slightly diminished.—It may be true that in many instances the uterine measurement has but little altered

\*Paper read at the Congress of the British Medical Association, Glasgow. August 8, 1888.

The sound only gives information as to the uterine cavity. The greater part of fibroids, both subperitoneal and interstitial, may co-exist with a nearly normal cavity, and consequently may and have undergone reduction without any appreciable modification of the depth marked by the sound. But independent of this question of anatomical change, variable according to the situation of the tumor, we have to look at that of the symptomatic cure, here the most important. For how often do we meet with considerable fibroids of which the bearers have no consciousness, while the lives of other women are put in peril by small and even the smallest tumors. What is it that brings women with fibroids to the consultation-room? Generally because they have pain or hemorrhage. Why are they operated on? Always for the same reason, to save them from the consequences of pain or hemorrhage. Cavil as much as you please about the importance of such anatomical reductions as I have obtained; but so far as concerns the symptomatic cure there can be no doubt, for I affirm that the greater number of my patients have been made and remain well. Is there any other known method of treating these affections of which so much can be said?

*C. Many of the reports of my cases are incomplete.*—No one knows better than myself that it is so. If I have nevertheless persisted in including these cases in my statistics, it has been with the plain intention of giving a complete view of my practice, so that an opinion might be formed from it of the harmlessness of the electrical treatment which I have introduced.

*D. The treatment is long and troublesome.*—This I am so well aware of that since the year 1884 I have made every possible attempt to shorten it by increasing its efficacy. It is with this motive that I have gone on gradually augmenting the intensity of the electrical current, and have made many alterations in my mode of procedure. It will be seen, too, in the new

series of cases, under treatment since 1884, which I have almost ready for publication, how marked is the progress made, in all respects, since the commencement of practice.

II. MY METHOD IS ONLY AN OLD STORY, AND MANY OTHERS HAVE ATTEMPTED THE CURE OF FIBROIDS BY ELECTRICITY BEFORE ME.—There is some truth here. But one may observe about the same difference between former applications of electricity and my method as would be found between the ancient theriacal quackery and modern therapeutics. Electricity has been used: but what electricity? in what dose? where? how? for how long and how often? All this is unknown and empirical. Over and above the many indications I have scientifically established as to the technique itself, the mode of operating, the electrical localization, the choice of poles, the acquired tolerance of the indifferent or inactive poles, there is one fact which gives me a right to claim priority, and that is, that no one before 1882, or before me, had taken an exact measure of the current he employed, or had employed an intensity of power known to above fifty milliamperes.

III. MY METHOD IS DANGEROUS AND THE DANGER ARISES IN VARIOUS WAYS.—*A. From the intra-uterine application. B. From the making of galvano-punctures. C. From the use of high intensities of current.*

I have been reproached on account of several recent deaths said to be directly attributable to my treatment. To this indefinite assertion I again give the most positive denial, as I did last year in publishing my complete statistics. I prove, too, by figures relating to nearly seven thousand galvanic applications, the innocuousness of my method provided the operative conditions are appropriate, that it be used rationally, and with antiseptic scrupulousness. I will say a word on each of the three sources of danger specified.

*A. The intra-uterine cauterization, which*



is nothing more than a therapeutical hysterometry, might have appeared formidable before the common adoption of the practice of intra-uterine racle. As that which I do is only a sort of galvano-chemical racle, there is every reason to regard it as equally beneficent in its action, and my experience more than fully justifies its *a priori* sanction.

B. I put entirely out of the question all abdominal or suprapubic punctures. Any one who is not both gynecologist and electrician might be expected to set down the vaginal galvano-punctures as hazardous. In making them we certainly do come within the risk of doing mischief, which must be guarded against, and which my experience enables me to disclose with exactness.

a. It has been urged as a point against my treatment, that after a number of punctures, when there is free suppuration, or a quantity of necrosed matter in the womb, or in the centre of the tumor, there must be a difficulty in keeping off septicæmia. The objection would have some force if there were neglect in following the rules which have framed, viz. :

1st. To observe a constant and perfect antiseptic practice.

2nd. To make the punctures only every eight or fifteen days, so as to avoid accumulations of fetid matter; with temporary suspension of the sittings as soon as there are any threatenings of fever.

3rd. To make, without exception, only superficial punctures, not more than half, or at most, one centimetre deep, so as not to cause any central gangrene, and to admit of an incessant antiseptic treatment.

b. Perforation of the bladder or rectum, followed by fistula, and the wounding of some great blood-vessel, are accidents to be apprehended. I admit that a misfortune of this nature happened in one of my early operations. I now point out the way in which it may be avoided.

1st. Never make a puncture in the anterior cul-de-sac.

2nd. Confine the punctures to a lateral, or to the posterior, cul-de-sac.

3rd. Make use of a very fine trocar.

4th. Never introduce a speculum through which to make a puncture; and before proceeding to puncture make a minute and scrupulous examination of the part chosen for puncture.

5. Puncture as near as possible to the body of the uterus, from without inward, making the axis of the instrument correspond with the axis of the organ.

6th. Choose for the seat of puncture the most prominent point of the tumor found in the vagina, making it project more, if necessary, by directing an assistant to press it downward with his hands upon the body above the pubes.

7th. First pass the insulating celluloid sheath through the vagina, and fix it at the spot to be punctured, on the point of the index finger. Then slide the trocar up the sheath and make the puncture.

c. The high intensities, which I have been falsely represented of using exclusively and abusively, are denounced as sources of danger; and the less tolerance shown by rabbits' than the human uterus, under a galvanic current, has been made the base of an objection. As regards the animal, it affords no grounds for comparison. As regards woman, clinical observation has more than sufficiently proved the perfect impunity with which high intensities can be supported; and more than that, it has demonstrated their utility by establishing the fact of the progressive rapidity with which improvement takes place in proportion as the ascending force of the current increases, if it be well applied and well tolerated. I ought, however, to add that there is a limit to this increase of intensity; and it must be regulated by the therapeutical effect obtained. For the present I disclaim all participation in recommending what I regard as the abuse of those intensities—such as the adminis-

tration, said to have been made, of currents of more than five hundred milliamperes. Moreover, I feel some difficulty in believing that men, who daily put women under the perils of castration or hysterectomy, are speaking seriously when they denounce my procedures by recounting a number of hypothetical dangers.

IV. MY METHOD IS NOT EFFICIENT—This objection is presented in a variety of forms:

A. For some it is useless in the greater number of cases.

B. Others say that the current has no action on fibrous tissue; that its effect is only shown on the uterine tissue.

C. Others, again, if they admit any action, say that it is only temporary and ephemeral; that the tumor against which we direct it remains just as it was, and that relapses are sure to come. I answer:

A. The faults committed in the application of the treatment when it is done badly or incompletely, the neglect, in fact, of all the instructions I have given, ought in no way to bring disparagement upon the method itself. Further, I affirm again, as I have already written, that the method properly used has effected, ninety-five times out of one hundred, not, as I have been erroneously made to say, the absolute removal of the tumor, but:

1st. An anatomical diminution which does not advance so far as the complete dispersal.

2d. The quick and lasting cessation of hemorrhages.

3d. The disappearance of all the symptoms of compression.

4th. The symptomatic restoration of the patient.

If these four clinical results are not witnessed regularly, and in the same order, in all subjects, the fact may be explained in many ways. I will mention some of the chief.

1st. The anatomical regression generally varies, first, according to the character of the tumor, whether soft or hard, being more

rapid in the case of soft tumors than in the hard ones. Then, again, a difference is made by the situation of the tumor, the localization of the electric action. The more distinctly this is subperitoneal the weaker will be the influence of the current. But without doubt the general tendency of all fibroids, when treated with high doses of electricity, is toward spontaneous enucleation, by their disengagement from amidst the uterine stroma. This curative process, which consists in their liberation either through the mucous membrane or the peritoneum, is seen to take place with some interstitial fibroids.

I ought, also, to note here what I have almost constantly observed as the treatment advanced; namely, the occurrence of an accumulation of adipose tissue under the abdominal tegument. This new condition ought always to be borne in mind when estimating the size, or changes in size, in fibroids, by measurement of the circumference of the abdomen. The external measurement, even with a collapsing fibroid, may remain the same simply on account of the recent, and often abundant, quantity of fat developed in front of the tumor. I therefore recommend that, at the commencement of every course of electrical treatment, three measurements of the body should be registered, which may serve for future reference: 1st, The circumference of the abdomen at several points; 2d, the exact thickness of the layers of skin and fat, above, below, to the right and to the left of the umbilicus, taken by means of a graduated compass; 3d, the weight of the patient. I cannot deny that I have in some rare cases been disappointed and failed, the same as happens in all human undertakings. The future may enlighten us about these difficulties, for they all relate either to ascitic fibroids or to fibro-cystic, or to abnormally vascular fibroid tumors. I may add that while certain fibroids shrink without any sphacelation, or any appreciable sero-purulent discharge, others only undergo this



change as the result of a more or less extensive necrosis.

2d. The arrest of hemorrhage has also been disputed. Many who hold this opinion do so without ever having made, or seen, an experiment on some tissue to convince themselves of the hæmostatic power of the condensed action of the positive pole, when applied to a cut and bleeding surface. Then, I am asked to explain how it is that results are not constant. I can only say that this depends upon different conditions, clinical, anatomical and physical. Clinically, hemorrhages are more difficult to suppress in the cases of interstitial and submucous fibroids. Anatomically, the arrest of hemorrhage will be more speedy and certain as the uterine cavity is more narrow and less deep. Physically, the hæmostasis becomes more decided as we augment the intensity of the electrical current, and insure the perfect coaption of the electrode with the entire extent of the bleeding surface.

To resume, the arrest of hemorrhage by electricity is arrived at in three different ways, either associated or independent of each other. The action of the current, which is a vehicle of force and of chemical action, may be studied either as it is manifested, at the poles, or in the interpolar circuit.

a. The polar action of the positive pole is hæmostatic, either at once, or some time afterward: Immediately, if the bleeding surface is totally cauterized by the application of a sufficient intensity; subsequently, after some interval from the commencement of the treatment, if the hæmostatic action has not been powerful enough in the first instance, by the appearance of an atresia, more or less pronounced, of the uterine canal. This atresia, which some gynecologists will not admit, I have the opportunity of seeing almost every day in some one or more of my former patients, although they have not yet arrived at the menopause. In certain women, with a large uterus and an expanded cavity, in which the ordinary

sound had moved with great freedom, I have discovered one, two, or three years afterward, that it could not then be introduced, and that the canal only permitted the entrance of a sound of the most diminutive size. Now, this cicatricial atresia (which, however marked it may be, and as a new observation it is interesting to notice this, is not accompanied with dysmenorrhœa) is the physical reason of the proposed electrical hæmostasis, and of the permanence of the results established.

b. The interpolar action is equally hæmostatic in a tardy manner, and in an entirely different way, without the polar action being in any degree implicated. Indeed, there is reason to believe that we may stop hemorrhage, though it must be confessed more slowly, without at all cauterizing the mucous membrane, and by restricting the treatment to galvano-punctures made in the tissues of the tumor itself. The denutrition of the substance of the fibroid will, after a certain time, bring about a progressive stoppage of the hemorrhage, without the mucous membrane having been touched. Either pole may be used for this purpose, though I incline to prefer the negative. It is more to be relied upon because it is more denutritive than the positive. I have, as a matter of experiment, given clinical demonstration of this separate interpolar hæmostatic action, by treating several hemorrhagic fibroids by galvano-punctures only, without any intra-uterine cauterization. I am convinced, however, that the combined use of the two methods will be found more certain in producing the hæmostatic action, in cases where the simple intra-uterine cauterization has shown itself ineffectual.

3d. The cessation of pain and of the effects of compression will vary among patients as much as the causes which produce them. Generally, this takes place coincidently with the retrogression of the tumor. In other instances, on the contrary, it is the initial phenomenon which precedes all others. This may be accounted for either

by the relief of the uterine congestion, which is early realized, or by the mitigation of the ovarian neuralgia. There are cases, however, in which this amelioration comes on but very slowly. I have remarked that in these inveterate cases we can generally recognize some ovarian or tubal complication, some inflammatory or suppurating condition of these parts, which is less disposed to yield to electrical treatment.

4th. The symptomatic restoration of the patient is the most striking result of the treatment, the most rapid, and that which most surprises both the subjects of it and their medical attendants. One of the few adversaries of the method has thus expressed himself: "I have been able to assure myself that all the women under treatment have experienced a stimulating influence, very favorable to general nutrition and the recuperation of their forces. They feel more cheerful, more buoyant, more alert; in a word, seem to have more life. Whether it be that the innervation, sensibility, and mobility of the abdomen and pelvis are more happily excited, the patients keep about without difficulty, and walk freely, in a way which was impossible before anything was done for them. The movements are unembarrassed. The tumor no longer distresses by its weight, or contact with the sensitive viscera. With the trunk and the pelvis disengaged from an overpowering constraint, the limbs do their office with freedom." They acknowledge, too, that the digestive functions are well performed, that sleep is natural, that the miseries of bladder pressure have ceased, that constipation is less annoying, and that there is a restoration of active life in all its integrity and intensity.

B. The second reproach of inefficacy is made on the supposition that the current can act only on fibrous tissue and that it has no effect upon the uterine tissue. There is falsity in this limitation of the effect of the current; and the proof is that an action,

combined or isolated, may be observed in both one and the other of these tissues. We see cases, in fact, where the uterus itself undergoes no contraction, as may be ascertained by the sound, while examination above the pubes enables us to decide positively as to a diminution of the sub-peritoneal part of the fibroid tumor. On the other hand, in the simple hypertrophies which follow chronic metritis, or in the non-fibroid hypertrophies of the uterine tissues, there is always a lessening of the uterine cavity under treatment. The action, then, is here only on the uterine tissue, as in the other case it was upon the fibrous tissue; and the process of disintegration, set up by the passage of the current, results in promoting a general retrograde metamorphosis of the muscular, connective, and fibrous hyperplasias.

C. The third reproach, in reference to inefficiency, which consists in a declaration that the effect of the treatment is only temporary and ephemeral, can be no better sustained. It is now six years since I began the practice of this method, and I have regularly and carefully kept an account of the condition of my patients. I can affirm that relapses have been truly exceptional. The very infrequent cases where I have had to administer secondary treatment were those of women who had unadvisedly discontinued their attendance. There has been no difficulty in bringing this secondary treatment to a satisfactory end.

V. MY METHOD IS EMPIRICAL AND UNSCIENTIFIC.—It is said that it wants precision, and that I have given a theoretical explanation of it which cannot be admitted. If my method be empirical, it stands, in that respect, on the same level as the whole of pharmaceutical practice; empirical as the giving of opium which causes sleep, empirical as the use of quinine and digitalis to check fever or modify the circulation. The why and the wherefore of things elude us. What we have to do is to make ourselves familiar with the natural laws ruling the



phenomena which comes before us. Every organic or inorganic movement, every molecular change excites a corresponding development of electricity, and the process of nutrition, like every other vital action, is subject to this law. Now a continued current passed through the human body marks its presence in two different ways. At the points of entry and exit, that is, at the two poles, in virtue of an electrolytic action inseparable from the passage of the current, we find an accumulation of acids on one side and of bases on the other. This is a fact commonly known, and I shall have to refer to the therapeutical importance of these acids and bases. In the organic substance intermediate between the two poles, the interpolar region as it is called, through which the current spreads in rendering itself from the point of entrance to that where it is discharged, there is a twofold action. The one is contemporaneous with the current itself, the other is posthumous. The contemporary action consists in an exaggerated vital and circulatory activity, favorable to the rapidity of nutritive changes. This will explain the absorption of certain effusions, either interstitial or intra articular, under the influence of a current directed through them. The posthumous action, enduring after the cessation of the current, is in effect charged as a second battery. It is consequently endowed with a supplementary electro-motive force or tension, which in its discharge prolongs the topical and trophic effects that the preliminary current had begun; and it still further advances the retrograde metamorphoses which we see in non-malignant neoplasms. Yet we encounter some who say that there is no such thing as interpolar action, and that the current leaves no visible or tangible trace of its presence. Who has ever been eye-witness of a current in a nerve-trunk? Who has ever seen the something which is transmitted by the telegraph wires? As it is with many natural phenomena, such, for example, as nutrition, which

we only know by its effects, so it is with the current. Let anyone who denies the fact of interpolar action but just apply one pole to the forehead and the other to some part of the body, the hand or foot, and he will at once have sensory evidence of two phenomena which constantly follow: First, the appearance of flashes of light, and secondly, a change in taste of the saliva. How should we account for these invariable phenomena, unless there be an interpolar action of the electric current? Place one pole on the neck, over the pneumogastric nerve, and let the other be held in the hand. You will thus stop many a threatened vomiting. It must be some interpolar action which produces this effect. Indeed, nervous pathology as a whole (nervous, medullary, cerebral, or peripheral) requires ordinarily nothing more as a means of relief than the interpolar action of the continued current. If interpolar action were not a reality, electro-therapeutics would soon become an idle word, for it would be reduced almost to the simple chemical or mechanical effects of polar action; and these we might in a great measure afford to neglect. As we recognize this sceptically treated interpolar action by its unavoidable consequences, so we have, as evidence of its presence, the effects of polar action. On this point, again, I am accused of empiricism; and my accusers merely substitute their erroneous interpretations of the respective action of each pole for the formulas that I have laid down. I have said the negative pole is more irritating, more charring, more destructive than the positive pole. In opposition, I am told that as acids abound more in the human tissues than the bases, we ought to find a greater proportion of acids at the positive pole than of bases at the negative pole: hence the preponderant action, quantitative, of the former. But the fact is overlooked that a current has no caprices, and acts only according to the laws of its nature; that electrolysis or decomposition takes place molecule by molecule, equivalent of acid for

equivalent of base, whatever may be the composition of the body under experiment. The only preponderance which one pole has over another is purely qualitative. The dry, positive eschars offer a considerable resistance to the flow of the current, and consequently impede its diffusion. The negative eschars, on the contrary, are softer and more moist, and, only feebly opposing the current, allow of its more easy dispersion. There is no difficulty in convincing one's self of this fact. Take two electrodes of equal dimensions, of gas-carbon it may be, covered with moistened leather, and place them symmetrically on two parts of the body. Of the two poles it is the negative which will first give indications of its activity by the pain it occasions, the eschars and the extent of the eschars which it burns. In the same way after punctures with two trocars actually of the same character, the loss of substance resulting from the fall of the eschar, made by the negative pole, will be much more considerable.

In conclusion, if the electrolytic action is found to be concentrated at the two points of entry and outlet of the current, it is impossible to deny the intermediate dynamical action, which is more powerful than either. It matters little for our purpose whether this intermediate action be directly upon the tissue-cells, or, which is more probable, upon the nervous influx of which it augments the tension, as auxiliary to the normal currents in them. The clinical results are incontestable. There is the same retrogression of fibromes that is often found to take place after the menopause, or the excision of the ovaries, without our being able to furnish any unimpeachable theory to account for the facts.

VI. MY METHOD IS OF NO USE, AND THERE ARE BETTER WAYS OF TREATMENT.—Let us consider the worth of these other modes of getting rid of fibroid tumors.

A. Mere expectation, or literally doing nothing, aided by repose in bed, is sometimes trusted to as sufficient to assure the

retrogression of the tumor and the quiet existence of the patient. This can only be true of a few fibroids, especially after the change of life. But it will not do to lay down an absolute rule, based on these particular cases. Every day's experience shows us that the death of a great many women is the consequence of their tumors, and that others, in large numbers, have their lives embittered by pain and hemorrhage. I admit that some, under the influence of confinement to bed for several months, find a temporary amendment, but I cannot see that this enforced rest ever produces a spontaneous and regular diminution of the fibroid and the disappearance of the symptoms, such as follow the use of my method. Nor can it be maintained that similar improvements under my treatment are mere coincidences, for my patients are not kept in bed, continue their ordinary occupations, mostly come for their sittings to my consulting-rooms, and follow the common mode of life. I believe that much more is to be expected from the influence of the menopause alone, although not as a matter of course; for I have had under my care not a small group of women from fifty-five to sixty-five years of age, who had experienced the disappointment of finding their tumors enlarged considerably, and even doubled in volume, after the menopause.

B. Then it is said that treatment by medicines will give relief and is equal to the cure of fibromes. This assertion will not bear examination. The very multiplication of the remedies eulogized is a proof of their powerlessness. What, in fact, do the recommendations amount to? As for mineral water patients may go on using them, hopefully and unprofitably, year after year till they arrive at the time of the menopause. Internal medication is very uncertain, and for the most part untrustworthy. Ergot stands at the head of the list of things tried. Independently of the local and general mischief of which it may be the cause, it must be allowed that it more often fails



than succeeds. Women come to me showing the marks of ergot injections, to which they had patiently submitted for years without any perceptible benefit. Before the adoption of my electrical method, one other kind of treatment only had been at all encouraging; it was that of A. Tripier, who places in the uterus pencils of a paste of iodide of potassium.

C. Next, surgery claims the precedence of medicine. First of all there is the minor surgery, which includes intra-uterine racle, liquid injections, and punctures with the actual cautery. However excellent may be the use of racle in simple endometritis, its sphere of action is limited to the mucous membrane. It has no power over lesions of the parenchyma, none over fibroids. Nothing better can be said of liquid injections. They, too, have special dangers by no means insignificant. As for vaginal cauterizing punctures, their effect is deceptive and temporary. Their action in no way corresponds with that of the galvano-chemical punctures which I employ. These two modes of puncturing have, in fact nothing in common but the name. They are essentially different. In a cauterizing puncture, even when it is a galvano-thermic, cauterization, heat is the agent upon which we depend.

There is no special electrical action. The platinum wire, brought to incandescence by the current, burns and burns only. It conveys no current into the tissues, with galvano-chemical punctures, we have both a local chemical action and a general dynamical action, but no effect of mere burning. The electrical current, going from pole to pole, inevitably traverses all the tissues upon which we intend to operate.

We now come to surgery proper, which assumes to have settled the question magisterially. The exploits of ovariologists have given a new character of boldness to abdominal surgery. In urging operations, the risk of the life of the patient has been sometimes too lightly considered. In spite of

its difficulties, its dangers, the long convalescence which it involves, and always with the presumption that antisepticism will come to aid in lessening the mortality, abdominal hysterectomy has been by some hands pushed too far. To go no further, for figures, than Paris; our Surgical Society has recently published a statement showing that, according to the operators, the deaths from this operation mount up to from forty to fifty per cent. If left to themselves, do patients die at this rate from their tumors? And have we not reason to assent to what Thomas Keith has said, that "abdominal hysterectomy has done more harm than good?" We see, as a consequence, a general disposition to substitute the vaginal operation for that which has been so fatal. True, the loss experienced is smaller, but then comes the drawback of its being practicable only at the early stage of growth; for I maintain that it would be impossible in the case of large tumors. Operative failure in this direction has led many surgeons to discard hysterectomy for the cutting away of the uterine appendages; the intention being to give women the supposed advantages of an induced menopause. But even here there is no guarantee of constant success, for every operator has been obliged to record not only inadequate results, but some cases of death. It therefore becomes a serious matter for consideration, whether, as a point of professional morality, one is not bound to make trial of a system of treatment which I and others affirm to be not only harmless, but effective, before recommending a patient to take the risks of hysterectomy or the certainty of mutilation.

VII. MY METHOD WANTS EXACTITUDE AND IS UNCERTAIN IN ITS EFFECTS.—It has been objected that, however easy it may be to graduate the intensity of the current, and consequently to estimate the equivalent of acid and alkali set loose by its passage there must always remain an undetermined free residue capable of effecting further

cauterization after saturation of the uterine secretions. Thus uncertain excess of cauterizing material is a bar to anything like precision in your procedure. I meet this objection in two ways, by pointing out, first, the mistake made in confining attention only to the polar action; and, secondly, that a wrong idea is formed of the nature of electrical cauterization. This is of primary importance. While ordinary caustics, whatever be their composition, act from without inward at the point of contact, and, after a time, form in the products of mortification a barrier to any more profound penetration, the galvano-chemical caustic acts in a different manner, by setting up a kind of auto-cauterization. The tissues are decomposed by the electrolytic action of the current, and the resulting products are the cauterizing agents. The character of the eschar thus formed is in exact relation to the intensity of the current and the duration of the operation. No acid or basic product is left disengaged, and the tissues cauterize themselves continuously from the beginning to the end of the sitting, without any other limitation, interruption, or suspension of the action, except that which comes from the will of the operator. This cauterization encroaches more and more on the deep layers of tissues, instead of being restricted to the surface, and ending, as imagined, in the disengagement of acids and alkalies in the uterine cavity.

VIII. MY METHOD IS DIFFICULT, COSTLY, AND TROUBLESOME.—So far as regards difficulty, there certainly is less than with hysterectomy. I want no assistant, can operate anywhere—at the home of my patient or in my own room, and though the operator must be both gynecologist and electrician, the scientific qualifications are easily acquired. When one has to pay the enormous price demanded for a complete laparotomy equipment, it seems absurd to quibble about four hundred or five hundred francs, the cost of electrical apparatus. It will be seen that the trouble of transport and

management dwindle to a mere trifle, when I am able to announce that, at my suggestion, the electricians in Paris are now making perfect batteries, which take up very little room and are quite transportable, the cost being one hundred and fifty or two hundred francs.

IX. MY METHOD IS IMPERFECT.—Here the objections are both to the apparatus and instruments I employ and to the way in which I use them.

#### A. *The apparatus.*

1st. The galvanometer of Gaiffe.—Some call it a toy; others say it is not to be depended upon. I have used this instrument for some years and have made my own observations upon it; and I have had it, and others, submitted to the opinion of competent electricians. We find that the galvanometer of Gaiffe is the only one in which the graduation is exact. By testing, I can find in the record of only from two to three per cent., which is of no practical importance. It also has the merit of being cheap. Edelmann's galvanometer without "shunt" fails to the amount of 7.05 per cent.; with "shunt" the defect increases to twenty per cent. It registered  $\frac{160}{1000}$  ampère, instead of  $\frac{200}{1000}$  ampère. An American galvanometer by Waite is of the same construction, and has the same faults as the German instrument. The constants are:

without shunt,	error	6 per cent. at least.
with " 10 — "	32 " "	
with " 100 — "	25 " "	

In face of these plain physical facts all theoretical complaints must give way.

2d. The hysterometer in platinum.—Objection is made to its being straight and rigid; and it is proposed to replace it by a sound made of copper which will bend easily and accommodate itself to the passages. Any one who is in the habit of passing a sound, as it ought to be done, without the speculum, will give preference to a sound which is rigid: *a*, Because it enters more readily; *b*, because we can more easily change its position in the uterus; *c*, because it can be made to pass more easily



over any obstacles, especially about the internal orifice. Another sound, made of platinum wire coiled around a stem of copper with a stem of caoutchouc, has been recommended instead of mine. The insulating end of caoutchouc is bad, since it stands in the way of complete cauterization. The wire also is wrong, in that it does not make a good conductor, is kept clean with difficulty, and with so many interstices can scarcely be made aseptic. The sound is too flexible and does not preserve its polish.

3d. Dirty, cold and troublesome.—Such is said to be the pad of clay which I place upon the abdomen; assuredly, I should be pleased to find something better. I have tried several of the substitutes which have been proposed for the clay, but have found none of them to have the same quality of plastic adaptive adhesiveness. Neither do they well guard against the burning of the skin. The women, therefore, have more pain and are more scarred, as I observed in London. The abdominal electrode of Franklin Martin, of Chicago, is the best I have met with, and will perhaps be adopted. It gives us the opportunity of applying it to the abdomen at an agreeable temperature.

4th. The insulating sheath of celluloid.—In exchange for this, we are offered sheaths made of gum elastic, such as used for catheters, which is corroded by many solutions and tears readily. I cannot find that it has any of the qualities of the celluloid which I introduced. This substance insulates perfectly, is aseptic, hard, easily cleaned, durable, not injured by acids, can be plunged, if necessary, into boiling water, and has only the disadvantage of being inflammable.

*B. Technique.*—For some curious reasons, which I cannot understand, there has been a sort of jealous rivalry in changing the details of my practice.

1st. In regard to intensities.—Some have talked of using currents of five hundred and one thousand milliamperes. Now, this

would be dangerous, and I should say impossible; impossible certainly without chloroform, for in all my experience I have never seen a woman on whom such a dose could be tried—dangerous for the safety of the skin of the abdomen, which must be burned, and from the general mischief which would follow the operation. But knowing the little reliance to be placed in the greater part of the galvanometers in use, I look upon all reports of excessive intensities as exaggerations.

2d. Dosage uncertain.—As I am supposed to have been rather loose in my dosage of electricity, it has been thought proper to call in the aid of mathematics to regulate matters for all sorts of cases, but especially for bleeding cases. An experiment is made showing that a current of twenty-five milliamperes intensity, traversing a positive electrode of platinum, with a surface of one square centimetre, and applied for five minutes to the mucous membrane of the neck of an enlarged uterus, will so condense the structures that no further bleeding can take place, even when they are punctured to the depth of one and one-half centimetres. Hence, it is concluded that success must follow as a constant consequence if we maintain the demonstrated proportions between sound and surface; and it is laid down as a rule that we are to use a current of fifty milliamperes for an electrode of two square centimetres surface, and of one hundred milliamperes for one of four square centimetres. This may sometimes turn out to hold good, but not with the precision announced. For who does not know how many sources there are for these hemorrhages; lesions of the mucous membrane, lesions peripheral. *a.* Lesions of the mucous membrane. These vary in extent and depth, in the condition of the blood vessels, and in the amount of congestion. *b.* Peripheral lesions, such as reflex hemorrhages, hemorrhages connected with the evolution of intra-parietal neoplasms, passive hemorrhages due to disturbance of the peri-uterine circulation, hemorrhages

depending upon some affection of the tubes or ovaries. It is evident that, setting aside simple lesions of the mucous membrane, the dosage of electricity, in its application to uterine diseases, must vary according to the circumstances of each case. I believe that the general instructions I have given from experience will serve to guide through most difficulties: Use for a bleeding fibroid the highest intensity of intra-uterine current a patient can bear; if that does not answer, add punctures to the cauterization; should they not be sufficient, put the patient under chloroform and raise the dose.

Such, gentlemen, are the objections made to my methods, and such are my answers. I consider my answers perfectly meet the objections. But there is one fact which overrides all verbal quibbles and theoretical irrelevancies. As regards my method, gynecologists muster in two ranks: those who have tried it, and those who have talked about it. The practical men give me their adhesion, and with that I am satisfied. The talkers have had their say, and one of your English proverbs, "An ounce of practice is worth a pound of theory," is enough for them.

**PART II. THE NOVELTIES IN MY METHOD OF TREATMENT.**—Having thus, so far as I am concerned, cleared the ground of controversy, I pass on to clinical and practical questions. I am far from supposing that we have reached the last stages of the development of the electrical treatment of fibroids. Some modifications, which I proceed to explain, will, I think, be found to mark a decided progress. The two dominating symptoms in these cases are pain and hemorrhage. I give them separate consideration.

**I. PAIN.**—I need not enter into details as to the many sources of this pain; it may be either concentrated in the uterus itself, or diffused. We have: 1st, Localized uterine pain, arising from an augmental interstitial compression, such as is often complained of during the early period of growth, without

there being any appreciable bearing upon the neighboring nerves or organs. 2d. Extra-uterine pain, which may depend upon a not uncommon, but often overlooked, partial perimetritis or parametritis. We meet with inflammatory conditions of the appendages, and sometimes with uncomplicated ovarian neuralgia. To relieve this symptom, pain, the almost uniform gynecological solicitude we have, as I was the first to point out, a powerful resource in faradization. The currents of tension, applied as much as possible in the cavity of the uterus, and under the conditions which I have for some time indicated as to electrodes, and especially the duration of the sitting, are sedative in a high degree. They will be found of almost certain arresting power in simple ovarian neuralgia; calming only in cases of pain from other sources, and of but very little service in the acute and suppurating forms of peri-uterine inflammation. We have then, in my opinion, a most energetic agent with which to encounter this element of pain, in cases of fibroid tumor, in the judicious association of induced and continued currents, under the form of an intra-uterine galvano-chemical caustic. But we are not restricted to the use of these means only. For we have in such cases a supplementary expedient in galvano-puncture, or the direct transmission of a current through the substance of a tumor, using for this purpose the negative galvano-puncture. We may perhaps account for the good effects observed, by the rapid retrogression of the tumor, or in the setting up of a more powerful derivative action. Explicable or inexplicable, the clinical fact remains undeniable, that many of my cases of painful fibroids have been put at ease by the negative galvano-punctures.

Such was my ordinary practice till lately, when a few instances of failure led me to try the effect of the positive puncture on some patients, on whom the reaction from the negative punctures had caused too great inconvenience or alarm, and on others



whose hysterical temperament made the negative punctures insupportable. First I tried with steel needles, but I was thwarted in two ways. First, they oxidized and became immediately useless. and then the oxidization, together with the dry eschar formed around the electrode, created an obstacle, which no one as yet had noted, to the passage of the current, and consequently caused a diminution of the electrical supply. Thus, other things being equal while a negative galvano-puncture furnished an intensity of one hundred and fifty milliamperes, that of the positive puncture did not exceed fifty milliamperes. To free myself from this difficulty, I put aside the steel trocars and replaced them by a fine gold needle, which is not acted upon in the same way and will last for some time. The only precaution to be used with this needle is, that it must not be allowed to remain in contact with any mercurial solution which disintegrates metals, and renders the gold brittle. The vaginal irrigations must, therefore, be made with the carbolic, or other antiseptic mixtures, to the total exclusion of all mercurial preparations. I may say that I have great confidence in these positive punctures for fibroids, especially when we encounter persistent pain; and I even have recourse to them when the pain seems to be connected with a state of peritoneal inflammation.

II. HEMORRHAGE.—I believe that we may improve our way of treating hemorrhage, and render it shorter and more decisive. We occasionally fail for two reasons. 1st, That all the bleeding membrane inside the uterus is not equally and uniformly cauterized; and, 2d. That we have not used a current strong enough to cauterize sufficiently.

1st. *Irregular cauterization.*—I employ a straight platinum sound, which answers perfectly well in a small uterus with a small cavity. But its action lessens in proportion as the extent of the mucous membrane enlarges. This may be owing either

to the instrument moving too freely and coming in contact with only one surface of a large cavity, or to some inequalities of surface such as are found in the hourglass form of uterus, when the small straight sound touches only isolated points, cauterizing some of the utmost, while others escape altogether. I overcome these difficulties in two ways:

a. After a multiplicity of experiments I have devised a new electrode, which is soft, and not only a good conductor, but harmless and quite aseptic. It is composed of gelosine\* and can be made to mold itself upon the whole of the uterine interior. It must be previously sterilized either by open boiling and then cooling, or by exposing it in the containing vessel to a temperature of from one hundred to one hundred and twenty degrees centigrade. This matter is then introduced into the cavity of the uterus, so as to fill it, by means of a long piston-like sound of some insulating material, such as hardened caoutchouc or celluloid. The metallic stem of this piston-sound may then be used as electrode, and the current, passing through it, to the centre of the gelosine paste, thence radiates over the whole mucous membrane. There is another way of making use of this gelosine packing. Withdraw the piston sound when the cavity is completely filled, and plunge a metallic sound, insulated nearly up to the point, into the middle of the gelosine, and make connection with the battery.



Electrode for Galvano-chemical Cauterization†

\* *Gelosine*: Gelosine is the mucilaginous principle recently extracted by M. R. Guerin, chemist, of Paris, from the gelose of the *Gelidium corneum*, a sea-weed of Japan, found in abundance at Singapore.

† Electrode for Galvano-chemical Cauterization, one-third of actual size. C, Gas-carbon, two and a half centimetres

b. I succeed in cauterizing the whole of an irregular cavity by progressively increasing the size of the electrodes, so that in the end the entire surface is brought into contact with the conducting body. To do this with sounds of gold or platinum, the only available metals, was a costly affair, and I instructed Gaiffe to make for me a series of seven sounds of gas-carbon,† which conducts readily, is little to the action of the positive pole, and may be had cheap. I possess therefore a case of seven sounds of different sizes, rising from five millimetres to twelve millimetres in diameter. Beginning with the smallest sound, sufficient dilatation may be made for the others to follow in succession, till it is found that one of them gives the coaptation required. This is the solution of the first part of the problem—the equal spread of a current over the whole of a large or irregular uterine cavity.

2d. *The uterine mucous membrane insufficiently cauterized.*—The coagulating or hæmostatic action—local and polar—which we seek at the positive pole, under ordinary circumstances, will be strong and efficacious according to the quantity of acid disengaged; that is, in other words, it will vary in proportion to the electrical intensity. Now, there are two means by which we can regulate the intensity, at the points of entry and discharge of the current.

a. The first is to engage a large number of elements. We may thus apply in certain cases an intensity of current varying from one hundred to three hundred milliamperes. But with regard to these degrees of intensity, we must not lose sight of two considerations, the safety of the uterus, and the tolerance of the patient. If a few women are able to bear unflinchingly, without chloroform, as much as two hundred or two hundred and fifty milliamperes there

are many more in whom it is impossible to make the dose exceed one hundred or one hundred and fifty milliamperes. Now in a uterus of large size, where it would be necessary to introduce an electrode of proportionate length, perhaps fifteen or twenty centimetres long, this latter strength of current would not answer our purpose. For it is with electricity as it is with other natural forces; that power diminishes as the surface is extended. We see this in a water-course, where the mechanical effects of a confined portion of the stream are reduced to insignificance if the bed be much widened.

b. This leads to the adoption of the second and more practical means of attaining the same end. We vary and augment the intensity at the points of contact of the poles without altering in any measure the total interpolar intensity. The surface of the active electrode must be diminished or its intensity increased. It is understood that, with a greater intensity in an electric circuit, the action of the two poles will be different according to their respective size. Here, then, in varying the extent of the electric surface, we have the means at will of rendering the poles active or indifferent. It is easy to make this accommodation in regard to uterus. We wish to produce a vigorous cauterization, without increasing the general interpolar intensity beyond the point easily supported. Lessen the intra-uterine electrode by one-third, or fourth, or a fifth of its original length, and forthwith the cauterization or topical action at the seat of contact will be made, thus, four or five times more powerful. I therefore lay it down as a rule in severe hemorrhagic cases, where it is expedient that a patient should bear a high dose of electricity without much suffering, that the intra-uterine electrode be reduced to a very trifling length; though, under such circumstances, it is essential that it be passed from one extremity of the cavity to the other, so that every part of the mucous surface is succes-

long, rounded at the extremity. It is fastened by a screw to the end of the metallic stem. It may be replaced by others of the same length, but of different sizes. The diameters, gradually increasing from five to twelve millimetres, are represented by the shaded circles. E, Circular grooves, at regular distances of two and a half centimetres, on the caoutchouc covering of the metallic stem of the electrode. M, Handle of the electrode to which the rheophore is attached.



sively and completely cauterized. I began my operations in 1882 with a metallic sound, bare only at one extremity. In my first essays in cauterizing the mucous membrane of the uterus I had no other. Now I have improved the instrument, and my electrodes of carbon, though of different sizes, are all of the same length, two and a half centimetres. The metallic stem of this instrument is covered with caoutchouc, and on it, at distances of two and a half centimetres, lengths which correspond with that of the carbon electrode, I have slight circular grooves marked. The electrodes are applied as follows :

1st. After disinfection in some strong antiseptic solution, in order to secure full cauterization the instrument is driven as far as it will go ; if possible, to the end of the uterine cavity.

2nd. When the electrode is in this position the highest bearable intensity of current is turned on, and we judge of the necessity of augmenting by the effect of previous operations. The intensity must be increased when the electrodes of larger volume, and consequently of more surface, are taken into use.

3rd. The first stage of cauterization being finished, the instrument is withdrawn just as much as the length of the carbon, and in that situation the second cauterization is effected the same as the first, and so on, changing the position of the carbon till all the interior of the uterus is cauterized section by section. To do this methodically, the index-finger is passed into the vagina, and the pulp and nail pressed on to one of the circular grooves of the stem. While, in shifting the seat of action, the other hand retires the sound, the index-finger in the vagina remains immovable, and gives information as to the extent of change of position of the electrode by the touch of the following mark.

4th. It is better, if possible to cauterize the entire cavity at one sitting, letting each sectional cauterization last from three to

five minutes, as the gravity of the case and the size of the cavity may show to be proper.

5th. In continuing the treatment, the duration and force of the current must be made to depend upon the effect produced by the cauterizations at previous sittings.

6th. It is well to be aware that, when the cauterization of the neck of the uterus is once made, the electrode, in passing through the internal orifice for further action, will occasion much more pain. I believe I was the first to mention the fact that the neck of the uterus, which is so little painfully affected by ordinary caustics, the hot iron, or the knife, is, on the contrary, very sensitive, much more so than the body, to the electrical currents, either induced or continued.

I think, in conclusion, I may say that it will henceforth be admitted we have in electricity a most powerful means of safely treating fibroid tumors, and that it will in future be felt as a duty by the surgeon to make use of it before adopting other measures. Carrying out my method as I have directed, I am convinced it will yield to others the same new and interesting results that it has been my fortune to witness.

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## Progress of Science.

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### DYSMENORRHOEA CURED BY GALVANISM.

By B. C. WILLIAMS, M. D., Chicago.

*Med. Era*, August :—Miss C., aged twenty-six, began menstruating at the age of thirteen. Menses were regular and normal until the age of twenty-one. At that time, during her menstrual period, she was out boating and was capsized. The cold bath stopped the flow. From this time she began having trouble with the menses. They were irregular, and accompanied by the most intense pain, and mental disturbances. I saw her for the first time about a year ago. At intervals for four years previous she had been under the care of physicians for longer or shorter periods, but with absolutely no benefit. Examination revealed a highly inflamed cervix, very sensitive, and bleeding at the slightest touch.

The vagina was also very sensitive. For two

hours before the flow appeared she suffered the most intense pain in the region of the uterus (which was not relieved from two to four hours after flow appeared), intense headache, and almost a maniac. For two years she had not had a period without taking opiates as soon as the pain began. Knowing that she had taken all medicines which could possibly be of benefit, I did not give her any, but asked them to call me at the time of the next menstrual period.

Being called at that time I found her suffering as usual, and I applied the galvanic current, placing the positive pole over the region of the uterus and the negative at the the region of the second lumbar vertebra. The current was mild and continued twenty minutes, at the end of which time she was asleep. She slept for six hours, and awoke suffering comparatively little pain.

After the cessation of the flow, I gave her the galvanic current twice a week until the next menstrual period, which came on in four weeks. At this time the pain was not so great. However, I proceeded as at the former period, and after it. With this treatment, and this alone for three months, the patient was discharged as cured. I saw her but a day or so ago, and she told me that she had had no pain since during her menstrual periods.

#### GOAT'S MILK AS A SUBSTITUTE FOR COW'S MILK IN FEEDING INFANTS.

*Ed. Can. Prac.*, '88 :—*The British Medical Journal*, in discussing this subject, states that the cow is remarkably prone to tuberculosis, much more so than is generally supposed. It quotes Dr. Ritchie as saying that in some localities fifty per cent. of the cattle die of this disease, and that the animals may show no distinctive signs during life, thus making an accurate diagnosis, with our present knowledge, impossible. This is, of course, an extreme view, but the dangers from such a possible source should always be borne in mind. Even when the cows are healthy the milk may be diluted, adulterated or contaminated in its carriage.

As a substitute for the cow the goat is recommended because its milk is more easily digested by infants than that of the cow. An objection has been raised against goats' milk that it frequently has an unpleasant odor from the presence of hircic acid, but Parmentier says such odor is only observed in the milk of goats that have horns. The goat is generally healthy, easily kept, and so cheap that the poor as well as the rich may purchase and keep one at a small outlay. We believe that these facts are not sufficiently known or appreciated in this country. It is satisfactory to know that the safer goats have the better milk, *i. e.*, the ones without horns.

#### VARICOCELE IN THE FEMALE: WHAT IS ITS INFLUENCE UPON THE OVARY.

By A. PALMER DUDLEY, M.D., N.Y.

*N. Y. Med. Jour.*, August 11 :—By this term the writer refers to a dilated and tortuous condition of the veins in the broad ligament. He says in conclusion.

1. It is my belief that varicocele in the broad ligament is not a rare condition.

2. That it is produced by long-continued congestion, arrest of uterine involution, from whatever cause, and chronic constipation being the most important factors in its production.

3. That it may exist and be mistaken for so-called cellulitis or salpingitis unless careful rectal examination of the broad ligament is made.

4. That it will produce changes in the structure and function of the ovary similar to those produced in the testicle, causing atrophy of its stroma, and interference with the proper development of the ova to such an extent as to produce cystic degeneration of it and consequent sterility.

5. When the varicocele has existed for some time, or for a sufficient length of time to have caused a permanent dilatation of the veins, local treatment by counter irritation (with Churchill's tincture of iodine), cotton tamponing, pessary support, or local depletion will be of no permanent benefit.

6. That the result of a radical operation for its removal in the four cases reported, although not sufficient to make the operation a justifiable one in all cases, is strong evidence in its favor, even though the woman has passed the menopause.

#### THE EXPLORING NEEDLE IN THE DIAGNOSIS OF BONE DISEASE.

By AP MORGAN VANCE, M.D.

*Am. Prac. and News*, August 18 :—For ten years I have been using the exploring needle as an aid in the diagnosis of the extent and character of diseases of the bone, particularly near joints.

I have used the needle many times, and yet have to see harm result. On the contrary, I have seen very much relief and comfort follow its use.

In many instances I know of no way to gain as much knowledge of the condition of the bone as by this method. I recall a case of hip-joint disease wherein I was able to determine that the femoral head was completely softened and breaking down. In fact, the propriety of an excision was determined in this way alone, as the other evidences of disease were rather slight. Even just before the operation, which was done two weeks subsequently to the above examination, several gentlemen who were present



thought I was about to operate on a sound limb. Amputation was done in this case, because the femur was diseased from end to end.

The possibility of the needle being forced into healthy bone is a question that may arise. I have tested this in the cancellated structure of the bones of animals, lamb, ox, etc., with negative results, finding it impossible to make the delicate and supple needle enter to any depth. It is hardly possible to be deceived about diseased bone—not only does the needle enter without resistance, but a sense of grating and again of the freedom of the needle's point is felt, and these are signs which give the surgeon reason for believing the bone to be diseased. Sometimes the first evidence of complete disintegration and the presence of pus is first discovered in this way. I feel that this is an important subject, as the early diagnosis in these cases is of the utmost importance in determining treatment. Particularly is this true of hip-joint disease. If the exploring needle will give us light as to the degree of involvement early, we can remove dead bone before so much is diseased as to contra-indicate interference. Many more points might be mentioned, but I have given a sufficient number, I hope, to elicit discussion *pro* and *con*. I will close by asking: Does the needle used as described do any harm? If so, what?

For my part, I cannot understand in what way injury could be done. If the bone is healthy, the point of the needle will go no deeper than through the periosteum, and certainly that will do no damage. If the bone is soft enough to allow the needle to enter, it is already so much below par that further injury by this procedure will be impossible. I suppose the relief to pain is produced by the escape of confined fluids into the surrounding parts. This has been very evident in many instances in my experience. I remember a marked case, a man suffering with an inflamed knee, wherein I wished to explore the head of the tibia. Having no needle with me, I used a common triangular silver probe; after two punctures with this the pain was much diminished.

#### TREPHINING THE SPINE FOR THE RELIEF OF POTT'S PARAPLEGIA.

*Ed. N. Y. Med. Record*, Aug. 25:—Trepanation or resection of the spinal column for the relief of paralysis following injury has been performed a number of times during the present century (Ashhurst has collected the reports of forty-three such operations), but we believe the following is the first recorded instance of trephining for the so-called pressure-paralysis of spinal caries. The case is reported by Mr. J. H. Thompson, in *The Lancet* of July 14, 1888.

A boy, aged seven, was admitted to the Hospital for Sick Children, Manchester, suffering

from angular curvature of the spine. The disease, which had been first noticed about seven months before the admission of the patient, involved the mid-dorsal region. There was paresis of the lower limbs, with apparent psoas contractions and wasting of the muscles on the right side. In spite of the usual methods of treatment this condition gradually grew worse, until there was complete paralysis of both lower extremities, with loss of sensation and incontinence of urine and feces. It was then decided to open the spinal canal, in order, if possible, to relieve pressure.

The operation was performed by Mr. C. A. Wright. An incision about four inches in length was made along the lines of the most prominent spinous processes, and the soft spots on each side separated so as to expose the osseous surfaces. Three laminæ were divided on each side, and were removed with their attached spines, uncovering the sheath of the spinal cord, which, at the lower part exposed, was found surrounded by a buff-colored, tough, leathery substance; this was cut away with scissors. The cord did not appear to pulsate, but no point of constriction could be found. The muscles were brought together by deep sutures of catgut, and the skin with waxed silk; a small drainage-tube was left in. The wound, having been dusted with iodoform and boracic acid in equal parts, was dressed with sublimated wood-wool wadding. Careful antiseptic precautions were observed before and during the operation. The trunk was supported by a special iron splint.

The wound healed rapidly by first intention, except at the drainage opening, which, however, also quickly closed. No change was noticed until the twelfth day, when pin-pricks could be felt about three inches below Poupart's ligament on each side. Nine days later there was slight voluntary flexion of the left thigh, and on the following day distinct voluntary contractions of the right quadriceps extensor were observed. Three days later pin pricks could be felt as far as the knees; and both thighs could be slightly flexed. On the day following the pin pricks could be felt in the left foot, but on the right side there was no return of sensation below the knee. No further improvement took place, the condition of the patient remaining in *statu quo* until March 17 (fifty-one days after the operation), when the area of anæsthesia was found to be increased, and a few days later was practically the same as before the operation; about the same time he lost all power of voluntary movement in the lower limbs.

Chian turpentine in cancer is again claiming attention, recommended by Dr. John Clay, who asserts that he has seen a number of cases of cure even in advanced stages.

## THE NATURAL MECHANISM OF THE EXPULSION OF THE PLACENTA AND THE PROPER MANAGEMENT OF THE PLACENTAL PERIOD.

By GEORGE T. HARRISON, M.A., M.D.

*Gaillard's Med. Jour.*, August.—Four methods may be enumerated as having advocates among distinguished obstetricians. First is the method of Credè, which is the one most generally adopted, the essential feature of which is that the placenta is manually expressed out of the uterine body. Secondly, the Dublin method described by McClintock and Hardy in 1848, and afterward by Barnes and Spiegelberg.

This manipulative procedure consists in this, that immediately after the exit of the child's head through the vulva, the hand is laid on the fundus, and by friction and kneading energetic contractions are evoked, so that the placenta is quickly separated and is expressed beneath "the ring of contraction." By further pressure it is forced out of the vulva. Thirdly, by the expectant method, which has Ahlfeld, Dohm and Freund as its advocates, the separation and extrusion of the placenta is left, as a rule, to the natural forces. Fourthly, the method of Schroeder, which I give in his own language: "I consider it the best procedure in the placental period, after the expulsion of the child, not to rub or press the uterus, but to wait quietly until the diminution and ascent of the uterine body and the protuberance of the symphysis indicate that the placenta is expelled from the uterine cavity, then by gentle pressure to expedite its passage through the vulva." The observations of Cohn show that the spontaneous expulsion of the placenta out of the uterine cavity into the "lower uterine segment" requires for its completion five to fifteen minutes. After this is accomplished further delay is unnecessary, as the placenta can be removed now without injury, and, left alone, might remain undelivered for hours, nay, for days. The manipulation which Schroeder employed was to place the side of the hand in the furrow underneath the uterine body, and then to exert a gentle pressure downward. As this procedure requires a good deal of practice and skill, Schroeder recommends subsequently the gentle pressure of the fundus uteri down into the superior strait. As Cohn remarks, the contracted uterine body acts like the piston of a syringe, which drives everything movable before it. This method of Schroeder I have found perfectly satisfactory in practice, and would urgently recommend its general adoption. The method of Credè I would reserve for the cases in which the placenta does not become detached, or those in which it has been separated in the way described by Duncan, and consequently has remained with the upper edge fixed in the uterine body. When there is some obstacle which prevents the placenta from escaping completely out of the uterine body, as, for ex-

ample, might occur when a very large placenta had to pass through a moderately contracted "ring of contraction," this method would be indicated. I concur entirely in the views expressed by Credè in regard to the innocuousness of the membranes of the ovum and decidua when retained in the uterine cavity, provided the conduct of the labor has been aseptic.

## ELECTRICITY VS. LAPAROTOMY IN INFLAMMATORY AFFECTIONS OF THE UTERINE APPENDAGES.

By EGBERT H. GRANDIN, M.D., New York.

*N. Y. Med. Record*, August 25.—The class of cases in which I would contend electricity will prove as serviceable, and frequently more so than laparotomy, and this, too, without subjecting the woman to the slightest risk, are those in which careful exploration, if necessary under anaesthesia, fails to suggest the presence of pyosalpinx. Disease of this nature calls for speedy and radical action. The knife is here indicated, even as it is in any other region of the body where pus is predicated. A history of recurrent attacks of pelvic peritonitis should constitute the call for laparotomy, lest the next attack should eventuate in a general peritonitis, fatal to the patient. Where, however, the careful bimanual exploration of the patient, the rational history and the appearance do not suggest the likelihood of pyosalpingitis, then the greatest palliation, if not entire cure, may be predicted from resort to electricity. The conditions termed catarrhal salpingitis, pachy-salpingitis, peri-salpingitis, peri-oöphoritis, I would include in the class which may properly be subjected to electricity rather than to the knife.

When I first began systematically to use electricity in my gynecological practice, I deemed it contraindicated in acute pelvic peritonitis—the term under which, for the sake of brevity, I would include the affections just referred to—and to be used with caution in sub-acute instances. With increased experience I have learned that the agent may not alone be resorted to with safety, but with benefit as well, where the condition is acute. By means of electricity the circulation is regulated, absorption is favored and we effectively counter-irritate. The technique of the application I have so recently described that it is unnecessary here to do more than lay stress on certain of the cardinal principles. Notwithstanding the advocacy of Apostoli, Engelmann and others, I am not convinced that it is all essential to success to use currents of great intensity. Indeed, in certain instances I am satisfied that I obtain greater benefit through resort to weak currents of considerable duration. The action of the currents is thus more prolonged, and the effect more lasting. The non-active pole, and this will ordinary be the negative pole, should cover as large a sur-



face as possible, the abdomen being the preferable site for the application. As long as there exists tenderness on pressing the vaginal vault, or pain in imparting motion to the uterus, galvanism is indicated, the positive—the anæsthetic, alternative pole being placed within the vagina. When the symptoms have disappeared, faradization, first the primary current, and later the secondary, will be found most effectual in completing the cure, in so far as this is possible. In the intervals between the séances, and these should be held every other day at the outset, the uterus should be gently supported by a wool tampon—the organ should not be crowded up by a number of tampons packed as solidly as possible into the vagina, for thus as much harm is done to the ligaments, blood-vessels and adjacent organs in an upward direction as they suffer when, without the tampon, the uterus sags downward.

#### ENLARGED PROSTATE GLAND— TREATED BY ASPIRATION.

The patient was æt. 70; had had enlarged prostate with usual symptoms, for three years, using a catheter meanwhile. On a certain occasion Dr. Rockford was sent for in haste, and says:

I took my aspirator, expecting to use it at once. I found him delirious, and chock-full of water. I did not attempt to introduce a catheter, but used the inspirator at once. I drew nearly a gallon of water from him, and, after having drawn the water, as it smelled very bad, I thought it would be a good plan to wash out and disinfect. I used an ounce of Listerine (Lambert's) to a pint of warm water. I pumped that into the bladder, and let it remain a short time, and then drew it off. May 20, just twenty-four hours afterward, I again used the aspirator after unsuccessfully attempting to use catheters. So I used the aspirator fourteen times before the catheter could be used, but I enjoined the nurse to let him have but little fluids. I had the bowels moved freely with salts, and also had injections of tepid water. Also had him to take hot sitzbaths, which he said felt so comfortable to him. After having used the aspirator fourteen times, and washing out the bladder each time with hot water and Listerine, he is now able to use the catheter again himself. But I have him—after having drawn the urine—to attach the aspirator and wash the bladder out, still using tepid water and Listerine. I used the needle fourteen times within a space of a silver quarter, and had little or no swelling to follow. In fact, they healed up like pin scratches.—*Dr. A. P. Rockford in Cincin. Lancet Clin.*

A physician is much sooner in demand if he has wealth than if he has only learning and skill.

#### EXTERNAL PRESSURE AS AN AID TO PARTURITION.

By OLIVER S. ANDREWS, M.D., Millford, Mass.

*Mass. Med. Jour.*, August.—An article which appeared not long since, showing by the detailed history of several cases the valuable aid derived from the external application of cold water as an oxytocic, recalled to my mind the fact that I have seen very little in the literature of our profession of late with regard to another agent upon which I have confidently relied in all cases of labor protracted by uterine inertia, for the past year or more; and it is one which has never failed to arouse the lazy uterus to a proper and active performance of its parturient functions.

The agent I allude to is pressure with the open hand or hands properly applied to the part of the abdominal wall corresponding to the fundus of the uterus. Most of the text books with which I am familiar are either silent upon the subject, or they give it a mere passing notice. Can it be that their authors were unacquainted with its marvelous efficacy?

The causes which trammel and impede the gravid uterus in its efforts to expel its contents are varied, and are often of so complex and serious a nature as to demand prompt and energetic medical, and it may be surgical, interference for their removal, and that being accomplished, the womb will at once resume its normal activity, and the case proceed to a successful and happy termination. But these are delays which seem to be owing to no appreciable lesion, and it is in these cases that the agent with which I have headed this article acts so satisfactorily.

Ergot has been, and is still, relied upon by practitioners as the motive power to draw them and their patient out of the obstetrical mire into which they have fallen, and it will often succeed, but generally at the expense of the fœtus, whose life is often lost in the struggle. In my earliest obstetrical teachings my mind was awakened to the direful effect of this drug, and in all my practice I have administered it but once as a parturient, and then the life of the fœtus was believed to be extinct.

I have repeatedly prescribed morphia to compose the patient, when she was being harassed by spurious labor pains, with the happiest effect. I have administered it to travelling women, whose sufferings had almost exhausted their vital powers, and by temporarily relieving the pain, sleep, calm, refreshing sleep, would be followed by rapid delivery. But morphia has been known to do harm, and if danger to mother or child should be heralded, we cannot remove the offending cause when it is operating from within as we can a mechanical agent operating from without.

Now I seldom use anything but pressure. As soon as I find the uterus relaxing its expulsive

efforts and spurious pains setting in, I at once apply my hand or hands, and all is soon put to right; the spurious pains are checked; the womb is aroused; true labor pains are brought to work, and soon the wail of the new-born falls like sweetest music upon the ears of the hard-wrought mother and anxiously listening father.

I shall not attempt to give the *rationale* of the action of the pressure. I leave that to be explained by some of my more erudite brothers. I can hardly believe that it is pressure alone which gives such a happy result, as it has been confidently asserted that the combined force which is brought to bear upon the foetus in utero in order to accomplish the act of parturition amounts to a little over 500 pounds. Hence, I can hardly believe that such a great thing could be consummated by the comparatively slight additional pressure imparted by the hand of the accoucheur.

#### PEDUNCULATED PAPILLOMA OF THE BLADDER.—SUCCESSFUL REMOVAL BY PERINEAL OPERATION.

E. B., thirty-seven years of age, was alarmed three years since by a very profuse hemorrhage into the bladder. The urine, he said, was black with blood. This condition came on without any apparent cause. Ever since he has had intermittent attacks of hæmaturia. The urine sometimes has remained free from blood for several weeks at a time. Until very recently urination has been painless and natural as to frequency. He has had two or three attacks of retention due to the presence of clots in the bladder. He has often passed large clots, but never any fleshy bits until within a fortnight. He has lost about seventeen pounds weight during the last three years, but is still strong and in very good condition.

The urine at the time of his first visit contained bright blood in moderate quantity. Some pus, two or three small phosphatic concretions, which he had noticed for the first time in the preceding day or two, and a good many small shreds, which, microscopically, were seen to be the most typical examples of a benign papillomatous growth.

Rectal examination gave a slightly greater sense of resistance of the bladder wall to the finger over a small area just above the right lobe of the prostate. There was also tenderness on pressure at the same point. This was interesting to me, as it has been generally stated that unless cancerous these growths could not be detected by touch in the rectum. Nevertheless, I have been able to locate the growth exactly previous to operation in this case, and in one which I operated upon by the supra pubic method last summer by rectal touch. In the former case the growth was small and delicate. Dr. Cabot confirmed the observation in that in-

stance. Bimanual examination was negative.

On April 23, with assistance of Drs. J. W. Elliot, H. W. Cushing and R. Lovett, I performed the principal perineal operation. Hemorrhage was free during the operation. The bladder was washed out with a hot solution of boracic acid four per cent.; and this perineal drainage-tube (of which I will speak in a moment), was tied into the bladder. The operation was long and tedious. The patient had delayed reaction, the pulse being very weak and 120 for twenty-four hours afterward. Bleeding continued to be steady and free for twenty-four hours, then gradually diminished, ceasing entirely on the third day. Vesical tenesmus was frequent and severe for twenty-four hours, due to large clots plugging the orifice of the tube. Throwing an ounce or two of boracic solution into the bladder dislodged them, and relieved the patient at once until another one came into the tube.

Since the first twenty-four hours this patient has declared that he never felt better in his life. There was no rise of temperature, except for a few hours one week from the date of operation, due to a slight epididymitis. I removed the perineal drain on the fourth day. He was moved from bed to couch on the fifth day. The urine is entirely free from blood, and only contains a very little pus, which comes from the prostatic urethra. Frequency of urination, once in four or five hours; and he can hold it all night. The perineal wound is nearly healed, and recovery may be said to have practically taken place in ten days from the date of operation.

Three months have elapsed since reporting this case, and at this date of publication the patient is entirely free from all symptoms, and perfectly well.—*Dr. F. S. Watson in Bost. Med. and Surg. Jour.*

#### ENEMATA; THEIR ORIGIN AND THE METHOD OF ADMINISTERING THEM.

No one who has been accustomed in important cases to superintend in person the administration of enemata, can well realize the beneficent potency of the remedy in many a fearful crisis with the sick. Ignoble as some esteem the service, there is always room for the display of tact and skill, and often demand the greatest coolness and judgment to rescue life in imminently impending danger. The carelessness with which an enema is too often ordered at the hands of an ignorant nurse; the indifference manifested as to its composition, its temperature, its bulk, and its manner of exhibition, evidences not only want of care for the comfort and health of the patient, but positive ignorance of the power invoked in its capabilities for good or harm. It is questionable whether a student of medicine ought to receive his diploma until he



has demonstrated clinically his capacity to prepare and administer the ordinary enema *secundum artem*.

In the administration of enemata in general, a few rules are to be observed, and first, the hands should be well washed with soap, to soften them and insure their entire cleanliness in this, as in all manipulations about the openings of the body. The preparation of the enema may ordinarily be made in a bowl or pan, and the syringe (a modern one) is to be operated for a few moments, throwing the fluid back into the bowl, until all air is expelled from the instrument; leaving the rectal tube beneath the surface to prevent ingress of air.

For convenience of administration the patient may be placed upon the left side with the back near the edge of the bed, the knees drawn up, and the body and limbs covered with the usual bedclothing. No one can consider himself a master of the art, who is not prepared at all times to administer an enema successfully in any position the patient may assume. To uncover a patient for this service is incompatible with the self-respect of the physician, patient and nurse. It is an inexcusable barbarism, which is chargeable with much of the disgust so commonly felt for this valuable form of medication.

These preliminaries having been arranged, the administrator seats himself at the bedside with the bowl conveniently at hand; anoints the forefinger of the right hand with oil or lard, and placing the tip of the finger in the sulcus of the nates adjacent to the coccyx, draws it forward upon the perineum until the anus is felt, when the entire first joint of the finger is gently passed into that opening. Taking now the rectal tube of the syringe in the left hand, and directing its point strongly upon the engaged finger, pass the tube slowly into the rectum, withdrawing at the same time the finger as the tube passes in. This manipulation, with practice, is executed rapidly and certainly, and without pain or even discomfort to the subject.

It should always be observed, and especially in the male, that the rectal tube after passing the sphincter muscle, is directed backward and upward in the axis of the canal, that the point may not press painfully upon the prostate gland, or uterus, as the case may be. If the old-fashioned pewter syringe is used, when in proper position, its direction will be upward and backward, toward the sacrum, not in a line with the axis of the body: much less upward and forward toward the bladder, as one may too often see.

If a small syringe is to be used, the manipulation is the same, and the use of the finger as a guide is even more important, since the passage of a small pipe into the rectum is both difficult and painful without such a guide, whilst no pain is given when the point of the pipe presses

only upon the finger of the operator.

For the present purpose enemata may be conveniently classified as follows: 1. Purgative. 2. Emolient. 3. Anodyne. 4. Refrigerant. 5. Styptic. 6. Distensile. 7. Exciting. 8. Relaxing. 9. Nutritive. Each is described.—*Dr. Legare in Mass. Med. Jour.*

#### PELVIC CELLULITIS IN THE MALE.

In a recent number of the *Tidsskrift fur Practisk Medecin* Dr. Skjeldrup describes a case of pelvic cellulitis in a man fifty years old. The first symptoms in this case were vomiting, flatulence, constipation, abdominal tenderness, and tympanites. There was some pain over the cæcum, and resistance on palpation and dullness on percussion at the same point. Examination per rectum showed a tolerably hard tumor situated in the left hypogastrium; it was easily felt by bimanual palpation. An aperient was given, with quinine and iodide of potassium, and wet compresses over the abdomen; for some days. The patient did not improve, the abdominal pain and distension became greater, the difficulty of passing flatus and feces increased, and the patient was becoming more and more emaciated. An œsophageal tube was passed up to the sigmoid flexure, and a warm enema given producing a scanty evacuation. The tube was bent by the tumor, which displaced the gut backwards. The enema was repeated two days later, resulting in the copious evacuation of foul smelling feces. The patient then began to improve, and after a few more injections feces were passed naturally. At the end of a month there seemed to be but a slight infiltration anterior to the rectum. The tumor, while it existed, was of an irregular shape, and sometimes appeared to be firm, elastic and tender. In 1885 Dr. Muir, of Selkirk, published a case of pelvic cellulitis in the male.—*Jour. Am. Med. Assoc.*

THE PERILS OF MEDICAL MEN IN RUSSIA.—The physician in Russia has not only to suffer from exposure to disease and from the malice of dissatisfied patients, but he sometimes also feels the reproving hand of his paternal government. Recently a Dr. Dreipolkher, an official connected with the hospitals of St. Petersburg, was requested to obtain admission to one of the hospitals for a sick woman. He sent her to several in turn, but they were all full and could not receive her, and she died in consequence of the exposure to the cold. The government thereupon banished Dr. Dreipolkher to the Arctic regions of Archangel, probably with a view of making the punishment fit the crime, although the poor man had done his best to obtain shelter and medical care for the woman.

Dr. Paul Langerhans, of Freiburg, has recently died in Funchal, Madiera, of pulmonary tuberculosis. He was aged forty.

# THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

*Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.*

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Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, OCTOBER, 1888.

## NOT ENOUGH WATER.

A good deal of very much needed attention is being paid, by those who devote themselves specially to the subject of diabetics, to the common error made by so many of not drinking enough water to supply the wants of the system. When we think of the quantity of fluid exhaled by the lungs, and secreted by the skin and kidneys, we may wonder how people can get along at all without drinking water. It is true that in most cases a good deal of water is taken with the various forms of food; but at the same time we think that the majority of people take too little water. It is becoming generally recognized that what we call rheumatism and gout, as well as gravel and stone, might be prevented, or their evils mitigated, by flushing out the kidneys frequently by taking large quantities of either pure or alcalized water. Sir Henry Thompson's work on "The Preventive Treatment of Calculous Diseases and the Use of Solvent Remedies" has reached its third edition.

During a visit which we recently paid to a large sanitarium at Battle Creek, we noticed that water entered largely into the treatment, both internally and externally, and we had an opportunity of observing for ourselves in the laboratory there that uric acid and the urates almost disappeared from

the urine generally within three days. In our own practice we have made it a rule for some years past to order our patients to drink two or three tumblers of water (hot preferred) every night whenever their urine deposited "brick dust" on cooling. It is a fact which must have been observed by every one that the urine of rheumatic subjects is always loaded with urates, and we very much suspect that a great deal of the benefit derived by such patients from drinking the waters at the various springs is in large part due to the quantity of fluid of which they there partake. In some cases the same quantity of water ingested at home would have just as well effected the cure.

## THE USE AND ABUSE OF MILK.

It was Fothergill, we think, who first called attention to the abuse of milk as an article of food, or rather we should say, to using it as a beverage instead of as a food. The truth of his views on this subject have lately been forcibly demonstrated to us in the persons of several cases of acute rheumatism. They had all been large drinkers of milk and their temperatures were over 103, and the pain was excessively severe when they came under treatment. By putting them on a diet of thin water gruel, suitably flavored, and a mixture containing ten grains of salicylate of soda, to be taken in half a tumbler of weak lemonade every two hours until relieved, in every case the symptoms had almost disappeared within thirty-six hours; and the urine which had been dark and loaded at the same time became clear. It seems to us that in rheumatic cases the blood is in a condition of saturation with water, coming from the defective combustion of nitrogenous food which ought to, but does not, reach the ultimate stage of urea, and it only requires a local slowing of the circulation, or a temporary cooling of an extremity, in order to have a deposit of the sharp pointed crystals in the joints, ligaments or muscles,



which causes such excruciating pain. It is a fact proved by experiment that certain articles of diet increase the excretion of uric acid; these are milk, cheese, meat and beer, the latter acting probably by preventing other food from being burned, as it burns much easier than they. Some great medical authority of the old school once said that the best cure for rheumatic fever was six weeks in bed, and as the patient was generally put on an exclusively milk diet, that may perhaps have been the explanation.

The idea is general among people that the more milk they could drink the better for their health; and so they drink two or three tumblersful of milk as though it were water. The moral of all this is that though milk is one of the best and most nutritious of foods, being indeed the only perfect food, it is the worst possible beverage, being already saturated, and therefore being utterly useless for the purpose of washing out effete matter from the blood

#### GOING TO SLEEP IN CHURCH.

To fall asleep during Divine service in the house of God is considered by most persons as not only a breach of etiquette, but a proof of great lack of spiritual fervor and want of faith. To snore in church might even give rise to a public scandal. Certainly, the preacher would look upon the drowsiness of his congregation as an obvious reflection on his oratorical powers and on his ability to rivet their attention. Indeed, a story is told of a celebrated, but somewhat eccentric, divine in Scotland becoming so annoyed at the persistent sleepiness of one of his parishioners, seated just under the pulpit, that he lost his temper and threw down upon the offender's head a heavy Bible, with the remark: "If ye will na hear the Word, a'll mak' ye feel it." And yet neither the minister nor people are to blame for this sign of weakness. In many cases the poor sinner is merely succumbing to the first stage of asphyxia,

which it is useless for him to try to resist beyond a certain point. When he snores he is becoming narcotized by carbonic acid gas. Our English contemporary, the *Medical Press*, calls attention editorially to the defective ventilation of many churches, especially of those in which several services are held on the one day, without any opportunity being afforded to renew the air. When we consider that every adult human being requires 3,000 cubic feet of air per hour, we need hardly ask the question whether the average congregation usually gets that amount.

And yet it could be easily enough obtained. It is only a matter of a little expense, and that might be provided for by setting aside one or two collections every year for the purpose of forming a Fresh Air Fund.

#### THE FRESH AIR FUND.

Speaking of fresh air funds, it is not only a pleasure, but a duty for us, as medical journalists, to record our approval and appreciation of the good work now being done every summer by the Citizens' Fresh Air Fund among the half-suffocated mothers and children of the poor. We feel sure that the money so spent will prove so much the less to be spent on hospitals. In fact, the fresh air should bear the same relation to hospital treatment that an ounce of prevention does to a pound of cure.

#### FIRST TRIENNIAL CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

This Congress consisted of eleven medical organizations, which met this year, and for the first time, on the same date and at the same place, viz., on the 18th, 19th and 20th September in the city of Washington. Each special association held three morning and three afternoon sessions in its separate buildings, while four evenings were devoted to the Congress as a body. On the first night a very costly, but, from all accounts,

a very badly served, dinner was held at Willard's Hotel, at which there were many distinguished guests. On the second night there was a magnificent discussion on intestinal obstruction in its medical and surgical relations, and which was opened by Reginald Fitz, of Boston, and continued by Nicholas Senn, Wm. Pepper, W. H. Draper, J. Collins Warren and others. The third evening was devoted to cerebral localization in its practical relations, papers being read by Chas. K. Mills, of Philadelphia, and Roswell Park, of Buffalo, while a fine discussion followed by David Ferrier (who created cerebral localization as far as English medicine is concerned), David Horsley, M. A. Stan, W. W. Keen and others. Dr. Ferrier's figure is rather below than above the medium size, and with his well trimmed moustache and side-whiskers, reminds one of a smart business man rather than of a great physiological experimenter. Of Victor Horsley, the *Medical Times* correspondent says: "One of the most interesting figures of the meeting was Mr. Victor Horsley. Every one was anxious to see the man whose exploits in cerebro-spinal surgery had attracted so much remark within the last two years. He is a thoughtful-looking young man, with deepset eyes and dark hair and moustache. In conversation he is very agreeable, and his quiet and modest demeanor at the discussion on cerebral localization secured him the careful attention of all present." The fourth and last evening was devoted to an address by the President of the Congress, Dr. Billings, on medical museums, which was listened to by a brilliant gathering of the members of the Congress and their wives and daughters, which afterwards adjourned to the elegant establishment of the Army Medical Museum, where the guests were received by Dr. and Mrs. Billings, Prof. Von Esmarch and the Princess of Schleswick-Holstein, his wife, Dr. and Mrs. Busey and others.

The President of the United States and Mrs. Cleveland, with their usual urbanity,

held a special reception on Wednesday afternoon at the White House. Judging from the hearty manner in which Grover grasped the hand of the Canadian contingent, nothing could make us believe that there is such a thing as retaliation in his heart. No! He has been imposed upon by some of his wily and unscrupulous political advisers to resort to this party exigency. Mrs. Cleveland's right arm continues to develop, owing to the many hundred thousand contractions its muscles make in the course of a year. Just fancy! Shaking hands with 8,000 people in one night, and every one getting from one to three *bona fide* shakes. One of the Washington society journals recently reported that she was now obliged to have a special glove for her right hand two sizes larger than the left. The Canadian guests were received with especial marks of courtesy, Dr. Hingston, as the senior Canadian present, coming in for a large share of professional and social attention.

The Montreal contingent consisted of Drs. Hingston, George Ross, Wilkins, J. C. Cameron, Laphorn Smith, Blackader, Shepherd, Alloway and Bell.

As an instance of American enterprise we might mention that the *New York Medical Record* had a regularly engaged staff of eleven reporters, who every evening handed in an abstract of all that transpired in the sections. These reports were forwarded to New York the same night, and were in type next day, the complete account of the Congress appearing in the Saturday number of the same week.

#### NOTICES OF BOOKS.

DISINFECTION AND DISINFECTANTS.—New Application and Use in the Prevention and Treatment of Disease and in Public and Private Sanitation. By the Committee on Disinfectants of the American Public Health Association.

This is perhaps the most complete work on this subject that has ever appeared, bringing its data up to latest advances in Bacteriology and Germicides.



# The Canada Medical Record

VOL. XVII.

MONTREAL, NOVEMBER, 1888.

No. 2.

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## Original Communications.

### GYNECOLOGY AND OBSTETRICS.

By A. LAPHORN SMITH, M.D., Lecturer on Gynecology in Bishop's Medical School, Montreal.

Dr. Robert Bell (*Br. Gyn. Jour.*) thinks that disease of the tubes and ovaries begins primarily in the endometrium, and that most cases of displacements are also due indirectly to the same cause. He, therefore, makes the mucous membrane of the uterus the principal object of treatment. In this point he agrees with Apostoli, but he differs from him in thinking that electricity has no advantages over iodized phenol (320 grains iodine to 8 ounces liquid carbolic acid), which he has employed in over 2,000 cases. He says that he has frequently seen cases of salpingitis get completely well under the treatment of the endometritis. He calls attention to the fact that the pain caused by an application to the endometrium is generally referred to the ovarian region. When there is a granular condition of the endometrium, or if there is a rupture of the perineum, he thinks that these conditions should be cured before commencing the iodized phenol treatment. It is interesting to note that he considers 16 to 24 intra-uterine applications made weekly and double that number of glycerine of alum and boracic acid tampons applied bi-weekly

a reasonably small number with which to effect a cure. I quite agree with him when he says that the toning up of the relaxed uterine walls is the true method of curing deformities (which is the name I give to flexions in contradistinction to displacements, which I limit to versions and prolapse). Unless there is metritis, he does not fear to turn the applicator around in the uterine cavity and to leave it there a minute or so. If there is metritis he first reduces it with tampons, &c. He says that this intrauterine medication is frequently followed by the cure of both versions and flexions. This has been my own experience with iodized phenol; but I must also say that my results with the positive intrauterine galvano cauterizations have been much more speedy in appearing, with few exceptions only requiring five or ten applications. He is mistaken when he says that none of Apostoli's disciples seem to have any positive idea how it acts, or which pole should be inserted in different circumstances. A careful perusal of Apostoli's book on chronic endometritis would make this point as clear as day to him.

Dr. G. R. Southwick (*N. Y. Med. Jour.*) reports several cases of uterine displacement cured by ventral fixation, that is, sewing the uterus to the abdominal wall. In former numbers of the *Journal* I have not

spoken very favorably of Alexander's operation for the cure of displacements, owing to the difficulty experienced in finding the round ligaments and to the danger of leaving a hernia. Since I have seen the operation performed without general anæsthesia, but merely by the aid of a hypodermic injection of cocaine, and by the improved method of Dr. Kellogg, of Battle Creek, I have been led to think more favorably of it. While visiting the large sanitarium at that place last month, Dr. Kellogg kindly operated on a case which he had been keeping for me, and I was astonished to see how freely he used the cocaine. During the course of the operation, including two sides, he used a syringe containing four grains of hydrochlorate of cocaine. In other words this lady received in the course of half an hour four grains of cocaine divided into four injections of a grain each, and with no ill effects whatever. During the whole time she was watching the operation and asking what each thing was as the Doctor picked it up with his forceps or hook, with the exception of a few minutes, when he insisted upon her laying her head down. Dr. Kellogg has performed the operation sixty-five times, and the most of them with an important modification. Instead of looking for the terminal extremity of the ligament where it is merely a thin aponeurotic expansion, he makes his incision directly over the line of the inguinal canal between the internal and external abdominal ring, when, on making a tiny incision in the aponeurosis of the external oblique, the red fleshy belly of the muscle is seen. This is hooked up with a small strabismus hook and it is pulled out of its sheath as far as it will come. The uterine end of the loop is then stitched to the wall of the canal and the two inches or so of slack are carefully tucked back into the canal. Fine iron dyed silk is used and the operation is performed antiseptically, his results being very good. The only time the patient complained of pain was when he was pulling

out the muscle from its peritoneal sheath. It is probable that cocaine is destined to take a still more prominent part in gynecology and surgery generally. Dr. King, of New York, in a private letter, tells me he uses it invariably in applying electro-puncture to uterine fibroids through the abdominal wall, an operation which he has performed over 400 times.

In the *Brittish Medical Journal* there is an article on the treatment of cancer of the uterus by carburetted hydrogen mixed with equal proportions of olive oil. Of course, it is only palliative.

Dr. J. H. McBride, in the *Medical Standard*, reports several cases of paralysis and neuroses in uterine diseases; but I think they are pseudo-paralytic symptoms, such as are due to dyspepsia, as I have frequently seen the same symptoms in dyspeptic men, in whom there was no nervous disease whatever.

Dr. W. Gill Wilie (*College Medical Journal*), in a very interesting article, strongly recommends boro-glyceride and cotton as a substitute for the pessary; but he says it is a mistake to regard a simple displacement of the uterus as a disease, although it is frequently associated with serious diseases. As a rule, if the disease is cured, the displacement is of little consequence, and that the pessary is only a helping instrument, that it is only palliative, and that its use alone is not good practice. He uses with great success one ounce of boro-glyceride and enough of pure glycerine to make a pint, and one ounce of sulphate of alum if he requires an astringent; if not, the acetate of aluminum. He takes the borated cotton, which comes in flat sheets, rolls this firmly into a roll about one inch in diameter and two inches long, tying it with a good flax string at the end; this, thoroughly saturated and put into the vagina, will retain the shape for four days. It will stay where it is put, and in four days it will be in almost the same position. For the first twenty-four hours after it is introduced



there will come away a profuse watery discharge, from four to eight ounces or more, in proportion to the condition of the uterine vessels.

His method of introduction is as follows: Place the patient in Sims' position, then introduce Sims' speculum. After saturating the cotton thoroughly, pull back the perineum and push the cotton against the cervix, and let the cervix rest on the anterior part of the cotton. Hold the cotton in that position and remove the speculum. The anterior portion would then lie in the direction of the pubic bone, and thus acts as a pessary, because the perineum springing up against the cotton, keeps it in place. The action of the boro-glyceride is to prevent any kind of ferment or change. It has a good effect in catarrhal conditions and does not interfere at all with the action of glycerine and alum in producing the watery discharge. He leaves it in for twenty-four to seventy-two hours; then washes out the coagulated mixture, and in three or four days makes a second application. If there is much dragging sensation, he tells the patient to wear it for two or three days.

The watery discharge that comes from the mucous membrane not only of the vagina, but of the uterus, forces a rapid circulation through the pelvic vessels. It acts in the manner of hot poultice, by getting up an active circulation through the tissues, thus bringing fresh and healthy blood to the tissues; in that way it helps to eliminate diseases. He says he can take a case of sub-involution of two or three months standing, with the dragging sensation and more or less discharge, and in from three to six weeks he will reduce the uterus to its normal size, using nothing else but this cotton. I can heartily endorse this treatment, as it has enabled me to entirely discard pessaries.

The exosmotic action of glycerine cannot be too highly appreciated in cases of passive engorgement.

Dr. Henry Rutherford, in the *British*

*Medical Journal*, reports a number of cases of fibro-myomata, in which he obtained marked diminution and in some cases complete arrest of hemorrhage by the use of fifteen drops thrice daily of tincture of *hydrastis canadensis*.

In the *Chicago Medical Times* Dr. A. L. Clark has an article on the treatment of painful menstruation by viburnum. I notice, however, that it required from five to six months to obtain relief from pain. I would suggest to him, fine wire faradism.

In the *synopsis*, Dr. Joseph L. Bauer reports a case of retroflexion of the uterus completely cured by Brandt's method of massage, which consists in introducing the right index finger into the vagina, so as to reach and elevate the uterus, the left hand on the abdomen compressing the uterus against the right index finger, the organ thus being alternately elevated and compressed during five minutes' time and repeated every other day. It is but right to say that glycerine and tannin tampons were used at the time.

From a discussion going on in some of the journals it would appear as if cutting the cervix for stenosis may again come into fashion; but I think that it cannot compare in safety and permanence of results with Goodell's rapid dilatation.

Laparotomists who use drainage tubes are beginning to realize that they cannot drain against gravity. They are, therefore, either draining into the vagina through Douglas cul-de-sac, or when they drain through the abdominal wall they keep the patient on her side.

Doleris, in Paris, and Martin, in Berlin, are treating diseases of the uterus entirely by plastic operations on the anterior and posterior vaginal walls and perineum.

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Loss of life from wild animals and snake bites is said to have been unusually great during the past year in India. In 1887, no less than 1,203 persons so perished, the number for 1886 having been 1,109.

## Progress of Science.

### A NOVEL SOCIETY.

A medical society has been started at Omaha, in the United States, on a novel principle. There are neither rules nor officials, not even a president, and, what is more, there is no annual subscription. The society meets twice a month, at the residence of the member who desires to read a paper. Such an organization is well adapted for provincial towns of small size, if the rival doctors could only be induced to put aside their mutual jealousies for awhile.—*Med. Press.*

### CARBOLATE OF CAMPHOR.

The carbolate of camphor is prepared by rubbing together one part of camphor in three parts of carbolic acid. The result is an oily substance with a well marked odor, which, when mixed with an equal bulk of oil, is an excellent application for boils, the smarting of herpes and vulvar pruritus. Injected hypodermically it gives rise to a burning sensation, followed by local anaesthesia. It has been given internally in capsules containing from five to ten drops.—*Med. Press.*

### DOCTOR'S BILLS.

The medical fraternity of Johnson county, Mo., adopted the following resolution: "After January 1, 1888, no account will be allowed to run over six months from date of first visit without satisfactory settlement. All accounts are due when services are rendered. Parties who are in the habit of running bills from one year to another without paying, must continue to employ their former physician until he is paid in full, or pay cash for every visit in advance to the new one.—*Texas Health Journal.*

### GLYCERINE SUPPOSITORIES.

The sudden popularity of the suggestion to treat constipation by means of rectal injections of glycerine has led to the employment of glycerine suppositories, which are much more convenient to use than the syringe. These suppositories are prepared in the form of capsules, containing sixteen minims of pure glycerine, and they operate in from fifteen to twenty min-

utes. The employment of glycerine *per rectum* seems to be specially indicated when the constipation is associated with gastric derangements.—*Med. Pres.*

### THE DISINFECTION OF SPUTA.

According to the *Bulletin Medical*, an apparatus has just been devised and placed in the Hôpital Lariboisière, which, by a new antiseptic process, will be used for the purpose of disinfecting all the sputa given forth by tuberculous patients. The idea is by no means a novel one, though it can readily be understood that the sooner the infectivity of sputa swarming with the tubercle bacillus is effectively destroyed the better. There are no details to hand in respect to the special features of the apparatus, but the assumption is that it cannot be of a very elaborate description in order to carry out the object in view.—*Med. Press.*

### ATROPIN AND HYOSCYAMIN.

Some remarkable results have been obtained in regard to the interchangeability of atropin and hyoscyamin. It has been shown that in treating belladonna root for the purpose of extracting the alkaloid, it is possible to obtain either atropin or hyoscyamin, or a mixture of both alkaloids by varying the process. These results would seem to authorize the supposition that atropin does not exist as such in the belladonna plant, but is really hyoscyamin, which is converted into atropin in the course of manufacture. The discovery was made at the Chemische Fabrik at Aktien, and possesses considerable interest from many points of view.—*Med. Press.*

### STUDENTS AND WORK.

To students who are diligently inclined, it is as refreshing to get back to systematic work once again as it is, at the end of the session, to lock up the books and turn to less arduous occupations. The discipline of lectures and classes is as invigorating as the cold blast which heralds the approach of the winter, and the fact of having plenty of work to do, coupled with the will to do it, is an excellent and consoling set off to the dreariness of the autumnal skies. The energies must be braced up for a good six months' "spell" of work, broken only by the ephemeral and short-lived festivities of Christ-



mas time. No one can dawdle with impunity under the present requirements. Every moment lost at the beginning will have to be paid for later on, a fact that the beginners are apt to ignore in the happy excitement of their new surroundings.—*Hosp. Gazette.*

### PROFESSIONAL EUPHEMISM.

"What would you advise, doctor?" groaned the young man the next morning after the banquet.

"My advice, sir," replied the physician, after feeling the caller's pulse, examining his tongue, and pondering deeply a few moments, "is that you give up all thoughts of business for the day, return to your residence, retire to your own apartment, have some water heated to the boiling point, procure a number of clean cotton bandages, dip them carefully in the water, apply them to the head as hot as you can bear them, and keep them constantly moistened, replacing each bandage by a fresh one as soon as it becomes noticeably reduced in temperature. Maintain this method of treatment for six hours and you will be relieved."

"Christopher Columbus!" ejaculated the young man, an hour or two later, while carrying out these instructions, "I paid that doctor \$5 for telling me to go home and soak my head."—*Chicago Tribune.*

### HYPODERMIC MEDICATIONS.

The following precautions, which are issued with Messrs. Burroughs, Welcome & Co.'s hypodermic tabloids, are worth remembering:—

Solutions of the alkaloids soon decompose and should therefore be freshly prepared.

The smallest size of each tabloid given is the one generally preferred.

The dose, hypodermically, is always less (the proportion varies) than by the stomach.

Great care should be taken not to throw a medicament into the vein, and so produce a sudden overwhelming effect.

Fatal collapse might ensue from injecting air into a vein.

Absorption of an injection over the temple or chest is twice as rapid as elsewhere.

The prick of the hypodermic needle in the chest has been followed by instant death.

Syncope may follow an injection, if patient do not remain quiet and lying down.

For safety and freedom from pain, an injection should be made in the outside of the arms or thighs, or in the abdomen or back.

Injections should not be made over bony prominences, or into inflamed or tense tissues.

Mercury, ergot, &c., are best injected into the muscles, as in the nates.

It is not usually considered safe to repeat an injection (as of morphine) for 20 or 30 minutes.

### SWALLOWED THE THERMOMETER.

The patient, a German, who understood but little English, was admitted to the hospital for a fever not yet diagnosed, says, Dr. M. Singer, of Galveston, Tex., in the *Medical Record*. As soon as he was seated by his bedside I introduced the thermometer into his mouth, enjoining him at the same time not to bite or swallow it. Standing in front of my patient I saw the thermometer disappear in his mouth, while at the same time a motion as of deglutition was performed by the man. When I recovered from the shock such a sight gave, I requested my patient to open his mouth. Sure enough the instrument was there no longer, and when I asked the man in German what he had done with the thermometer, he answered that he had understood me to say that he should swallow it, and of course he had obeyed orders.

I snatched a blanket from the bed and spread it on the floor, then making the man lie flat on his stomach on the bed, with the head hanging down over the edge of it, I told him that unless he wished to die he should introduce his fingers as far down the throat as possible and make one supreme effort to return that thermometer. This was quickly and efficiently done, for in less time than it takes me to relate it, the thermometer was regurgitated, and fell safe and sound on the blanket. I took the precaution of tying a thread to my instrument whenever it afterward became necessary to take the temperature of this or any other bright-minded patient.

### THE VALUE OF BELLADONNA AND HYOSCYAMUS IN DYSMENORRHOEA.

Writing to the *Lancet* of September 22nd, Dr. James Shaw reports:—During the last year he has had occasion to treat several cases of that form of dysmenorrhoea vaguely and variously designated neuralgic or spasmodic, and occurring in young girls, whom it was of course very undesirable to examine. One of these cases was of marked severity, and as it had continued for about a year there was considerable nervous

prostration. Morphia was the only drug that at all mitigated the suffering, but in consequence of its administration the patient was wretchedly troubled with headache and constipation and he was forced to abandon its use. He therefore prescribed the following mixture, one ounce to be taken three times a day, and it acted like a charm: val. belladonnæ, nine minims: val. hyoscyami, two scruples; syr. aurantii, two drachms; water, six ounces. The epoch has now been robbed of its terrors for her. Writing the other day from Germany to her mother, she says the last six months are the only happy ones she has known since the function was established. In the other four cases there was likewise considerable suffering, and in these also complete relief was afforded. He prescribes it to be begun a day before the period is expected, and continued while the pain requires it. The valoids employed are those manufactured by Messrs. Burroughs, Wellcome & Co., and for obtaining the characteristic action of the drugs Dr. Shaw knows of no preparations that equal them. The old-fashioned tincture, though perhaps a trifle more elegant, is at once feeble, expensive and unreliable. In the majority of them the spirit is the active ingredient.—*Med. Press.*

#### TREATMENT OF TYPHOID FEVER.

In compliance with the request of the Sydney Board of Health, Dr. W. Pierce, medical superintendent of the Coast Hospital, has reported upon the treatment of cases of typhoid fever, of which the rate of mortality during the first five months of the present year has been unusually low. Dr. Pierce, in his memorandum, states that, in cases received within the first ten days of the disease, calomel (three to five grains) is administered; and after that acetanilide, in five grain doses, whenever the temperature exceeds a certain point ( $101^{\circ}$  to  $103^{\circ}$ ), up to six or eight times in the twenty-four hours. The effect of this is to cause a fall of temperature in about forty minutes, attaining its minimum in from two to four hours, with concomitant fall in the pulse and respiration rates, with decrease of arterial tension and profuse sweating. The tendency to delirium is diminished, and there is "a remarkable feeling of ease and repose, which appears partly to depend on the production of a

certain amount of peripheral anæsthesia." When the effect of the drug passes off, the temperature often rises with great rapidity. He considers this treatment to have many advantages over cold bathing. He has given the drug continuously for several weeks, and has not found it contraindicated, even when there were cardiac complications. It renders the course of the fever milder, but it may not lessen the duration of the disease. In all cases where it is freely given there is liability to occasional cyanosis of extremities and face, with irregular pulse. Alcohol was given very sparingly, and generally only in cases of failing heart, and Dr. Pierce thinks that the prolonged use of alcohol is very injurious.—*Lancet*, September 15.

#### TREATMENT OF CHANCROID.

The most satisfactory treatment for chancroid which I have employed is thorough cauterization with pure nitric acid and the subsequent application of salicylic acid powder; the object being, first, to convert the infected ulcer into a healthy one, and then to prevent reinfection of the wound. While this method succeeds admirably among the better class of patients, it often fails completely in hospital practice from a failure to carry out the after-treatment. I have frequently seen reinfection take place in ulcers that have been perfectly healthy for several days, by simple contact with clothing upon which the dried secretions from the original sore had been allowed to remain. A method which in my hands has proved valuable in this class of cases, but which, as will be seen, is applicable only to chancroids occurring behind the corona glandis, is the following: The organ is cleansed with a strong solution of bichloride—all ulcerated points thoroughly destroyed by nitric acid. Salicylic acid powder is then heaped upon the wound and covered by a thin rubber protective which completely encircles the penis. This should be snugly applied and held in place by a few layers of absorbent gauze and a small bandage. The heat and moisture of the body soon cause the thin rubber tissue to adhere closely to the skin, completely sealing the wound; its elasticity, also, allows of considerable change in the size of the penis without disturbance. This dressing should be left in place for from three to six days, and completely



protects against reinfection. If properly applied the resulting ulcer is always healthy and closes rapidly. I have applied this method in ten cases with most satisfactory results, in several of which very extensive ulcerations were present.—Dr. Brewer, in the *Journal of Cutaneous and Genito-urinary Diseases*.

#### GLYCERINE AS A SURGICAL DRESSING.

The essential points of a good surgical dressing are: 1. It must be non-irritating, either directly or indirectly. 2. It must be antiseptic. Mr. John Wood has said that "antiseptics are the local use of applications calculated to prevent suppuration and putrefaction, and to promote quick healing. This admitted, antiseptics must be not only in the use of some chemical which shall destroy septic germs or render their growth impossible, but also the use of such means as shall, by promoting quick healing and preventing suppuration, tend to render the presence of these germs less harmful. In considering these means we are brought to the third essential point, and that is quick and thorough absorption, and here it is that dressings in common use appear most to fail.

Now, we want a dressing that is non-irritating, antiseptic, will not become adherent, will allow free drainage, will not allow the discharges to get hard and caked, will be freely miscible with the discharges, and not evaporate at any temperature of the body nor occupy the place intended for the discharges. We have, I think, what we want in the glycerine of starch of the *Pharmacopœia*, with some antiseptic dissolved in it; for example, corrosive sublimate 1 in 1000 parts. The starch, added for convenience of applying the glycerine, in addition forms a non-irritating surface to apply to the wound and is a mechanical protection; it is most conveniently applied thickly spread on one or more layers of Gamgee tissue or some absorbent wool. This application is not irritating, is antiseptic, and is removed with the greatest ease from any wounded surface. As glycerine is freely miscible with the discharges it is quite absorbent, discharge in passing into and through the dressing becomes mixed with the glycerine, and as this does not evaporate, it is thus prevented from becoming caked or hard and dry. The glycerine, itself hygroscopic, does not usurp the place of the dis-

charge nor prevent the free escape of the watery vapors. Such a dressing after several days will be found moist, soft, flexible and easily removed; it is heavy with the quantity of fluid it contains, a proof of absorptive powers. The discharges are not collected in one spot. Next the wound there is a jelly-like layer which is easily removed, leaving a clean surface, and the sutures, if any, distinct and easily taken out, not being caked with blood.

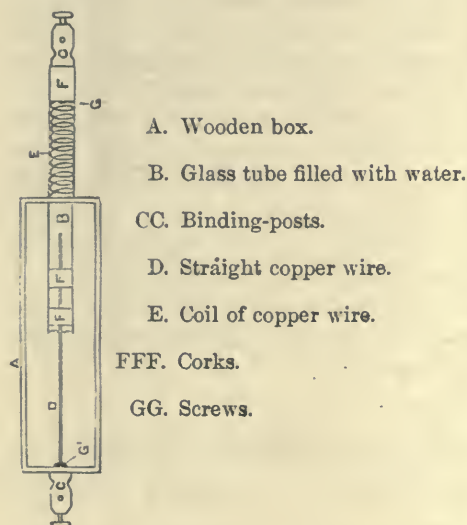
In my own practice I have found healing of incised wounds under this dressing quick and accurate, and the dressing of lacerated and contused wounds is absolutely painless and very quick; I have found it of much benefit in those chronic granulating wounds which every dressing seems to irritate, and have applied it with success as a daily dressing in two cases of purulent conjunctivitis. I have not had an opportunity of trying, but should think glycerine of starch might be used with advantage in skin grafting.—Mr. C. E. S. Fleming, in *British Medical Journal*, September 22.

#### SIMPLE ELECTRICAL APPARATUS.

By SUMNER GLEASON, M.D., Carthage, New Mexico.

Electricity is admitted to be a potent factor for good when properly used in some of the derangements of the human system. Here there is a large field open for research and a rich harvest to be gathered. The medical profession is just beginning to learn how to make use of this agent; but a large number of physicians are still in ignorance as to the methods of operation or the results to be obtained. This is in great part due to the expense of the apparatus necessary. Now a convenient galvanic battery for office work can be made for a very few dollars, and any physician of a mechanical turn of mind will take pleasure in putting it together. Zincs and carbons with attachments can be obtained from any manufacturer of electrical apparatus. These should be attached to a thin board, so that they can be raised from the cells when necessary to add more water. Cells can be made of old bottles. To cut off the tops, place the bottle in the corner of a box which holds a steel wheel glass-cutter at the place at which it is desired to cut the bottle; turn the bottle until the lines meet; then heat the line in a flame for a moment and plunge

the bottle in cold water; the top will then split off neatly in the line marked. Paraffine the inside of the jar for about an inch from the top. The carbons and zincs should also be paraffined above the level of the fluid, in which they may remain constantly. The fluid consists of a saturated solution of bi-chromate of potash and muriate of ammonia, the latter being pure. Thirty-six cells will give enough current to commence with, and after becoming familiar with its effects, as



many cells can be added as are desired. A milliampere-meter is not a necessity for the novice. He will learn more by experimenting on his own person; but, of course, cannot expect to obtain as good results from his battery.

Above is the drawing of a rheostat which can be made for a few cents. This is indispensable where there is no arrangement for time. It serves the purpose of increasing and decreasing the current without shock to the patient; it can be attached anywhere in the circuit, and should always be used where a steady current is passed through a sensitive part. All that is necessary to buy is two binding-posts and screws, costing ten cents each. A glass tube can be made of an ordinary glass syringe, cutting off the end with a file. In one end fits a cork to which should be attached a binding-post, the screw passing through the centre of the cork. To the head of the screw attach a copper wire coiled so as just to fit in the tube. This should be so that it can be removed easily and the tube filled with water, which should be done before each sitting, as the water

decomposes rapidly. In the other end of the tube, place one or two corks. In one end of a small wooden box cut a hole just large enough to "allow the tube to slide easily. At the other end attach a binding-post, and to the screw-head on the inside a straight copper wire to pass through the centres of the corks FF. Now a current of electricity passing through this wire meets the resistance of the column of water, and as the tube is pushed in this resistance grows less, until the wire is in contact with the screw G; the current is then at its maximum intensity. The tube should of course be pulled out before the current is broken.

## RECENT ADVANCES IN SURGERY.

We can give only a few extracts from a most carefully prepared and valuable address on the above subject, before the Surgical Section of the Canadian Medical Association at Ottawa, in September, by Dr. Shepherd, of Montreal, and which appears in the October *Canada Lancet*.

Dr. Shepherd remarks on the treatment of wounds that the principles still in force are "Cleanliness, Rest, and Asepticity." "The dressings applied to wounds have become much simpler, and the antiseptics most relied on are soap, water and a good nail brush."

Faith in germicides is being lost, and although irrigation has supplanted the spray, the solutions used have become weaker and weaker, until some surgeons use water only, especially in operations on the abdomen and thorax, where antiseptics have been proved to be absolutely injurious and often dangerous.

Whilst in Germany last summer I saw in every surgical Klinik the magnificent ruins of the spray producer, looking like some old castle which marked the customs and conditions of other days. Lister himself was one of the first to give it up."

Dr. Shepherd next referred to the surgery of the abdomen, and to the steady diminution of the mortality after the operations of ovariectomy and extirpation of the uterus, chiefly due to simplification of the methods of operating. The most successful elements, he states, in reducing the mortality have been "rapidity of operation and a not too elaborate toilet of the peritoneum, with drainage if there be bleeding."



"In cases of *acute intestinal obstruction* it is now becoming a recognized custom for the physician to call a surgeon in consultation, and the result has been that many lives have been saved. In my opinion these cases should be placed in the hands of the surgeon from the first, as in the great majority of cases there is little hope of relief being afforded by medical means alone. Not a few cases of intussusception have been cured by early operations, and also many cases of strangulation due to bands, twists, etc. It is now an axiom of surgery not to let any case of acute intestinal obstruction die without at least an exploratory incision.

Physicians still procrastinate in cases of intestinal obstruction. They do not advise operation until all hope of recovery has been abandoned, and operation has been looked upon as a *dernier resort*. The treatment by rest, starvation and opium has still charms for most practitioners, who are always hoping that "something will turn up."

"In *inflammations of the cæcum and appendix* surgical interference has been attended in numbers of cases with remarkable success."

Remarkably satisfactory results have been obtained in both *tubercular peritonitis* and *suppurative peritonitis* by operation with the view to establishing drainage.

"At the meeting of the British Medical Association, held in Dublin last year, some admirable papers on the *radical cure of hernia* were read by such surgeons as MacEwan, of Glasgow; Mitchell Banks, of Liverpool; Ball, of Dublin; Barker, of London, and others. The results of operations by excision of sac and stitching up the wound were most encouraging. MacEwan reported sixty-five cases operated on by his method without a death and only one failure. Banks, who was one of the first advocates of this method of operation, reported 106 cases; Ball, twenty-two cases without a death, and Barker thirty-five.

MacEwan does not excise the sac, but after reducing the hernia makes use of the sac as a pad, by drawing it up through the internal ring and fixing it there. Banks, Barker, and others advise excision of the sac and fixing the stump at the internal ring, whilst Ball's method consists in torsion of the sac before excising.

French surgeons, after ligation and ex-

cision of the sac, do not advise closing the inguinal canal by sutures, as is done by English and German surgeons."

Dr. Shepherd gives some details of a case of his own; that of a blacksmith, aged 52, with an enormous, irreducible, scrotal hernia of the left side, from which he had suffered for many years. Dr. Shepherd operated for radical cure on April 25th, 1888. He dissected out and opened the sac and reduced the contents with the greatest difficulty. The sac contained all the small intestines, the transverse and descending colon, and the sigmoid flexure, together with a large mass of omentum. Several pounds of the omentum were excised, and it was only by suspending the patient by his heels that he was able to reduce the protruded bowel. The intestines had not been in the abdomen for years, and when they were all returned, after an hour and a half's exertion, the abdomen was as tense as a drum. "The sac was excised and the stump fixed to the internal ring according to *Barker's* method, and the canal closed by suturing the conjoined tendons to *Poupart's* ligament. The patient made an excellent and uninterrupted recovery, and is now pursuing his occupation as a blacksmith with comfort." In September there was not the slightest tendency to a return of the hernia.

"The *stomach* has been frequently successfully opened for the removal of foreign bodies, or the performance of *Toreta's* operation of dilating a contracted pylorus; operations of excision of malignant growths of the stomach are not growing in favor; the game, as a rule is not worth the candle."

In reference to the *surgery of the kidneys*: It is now a well established rule that no kidney should be removed without a previous nephrotomy, or exploratory incision. Again, no kidney should be removed until the condition of its fellow is ascertained. Several cases are on record where the surgeon has removed the only kidney in the patient's possession. A preliminary nephrotomy enables the surgeon to avoid this fatal mistake.

The most fatal results have been obtained in the operation of nephro-lithotomy. During the past year Mr. Jordan Lloyd, of Leeds, England, has introduced a method of exploration of the kidney, which is a great improvement on the old needle punctures. He advises puncture of the lower end of the kidney with a long-bladed tenotome, in

a direction upwards and inwards till the lowest of the calyces is reached; a small, short-beaked child's bladder sound is then introduced and the calyces and pelvis explored."

*Surgery of the bladder:* . . . "The old supra-pubic operation is now the fashionable one for the removal of stones from the bladder, and it is being practised largely everywhere. The operation has been much improved by the introduction of Peterson's rectal bags and the practice of moderately distending the bladder before operation with an antiseptic solution. The operation is suitable for cases of large and hard stones, and for the removal of tumours and foreign bodies, but it will no more supplant the old operation of lateral lithotomy than did lithotripsy." In some cases of stone in the bladder, Mr. Reginald Harrison, of Liverpool, justly remarks, "it is necessary to do something more than merely remove the stone. In cases of cystitis with enlarged prostate where stone has formed, removal of the stone is necessary, but it is also necessary to prevent further formations, by getting the bladder into better condition." The bladder, says Dr. Harrison, is like a chronic abscess with a stone in it, and it is quite as necessary to drain the one as the other. These cases are unfit either for supra-pubic lithotomy or lithotripsy; but the lateral operation provides an excellent means not only for the removal of the stone but of after drainage of the bladder. Ruptured bladders have recently been successfully treated by abdominal section, and suture of the bladder rent. An early diagnosis is of course important in these cases. Dr. Shepherd concluded an admirable address by making extended reference to the wonderful recent advance in the surgical treatment of *disease and injuries of the brain and spinal cord*.

## MONTHLY SUMMARY OF MEDICAL PROGRESS.

By W. S. WELLS, M.D.

SUCCESSFUL transplantation of skin from a corpse to a living patient it reported by Dr. Bartens in the *Berliner Klinische Woch.* The patient was a boy aged fourteen, who was suffering from a loss of the integuments of both feet, consequent upon a burn. Some skin was taken from the legs of a man aged seventy-five, who had

died twenty minutes before, and was transplanted to the boy's feet. Cicatrization of the ulcers promptly followed.

DR. STEPHEN SMITH, of New York, is reminded by the above (*Medical Record*) that several years ago he transplanted seventy-five particles of skin from a leg that had been amputated over two hours, and of this number seventy-three lived and grew vigorously.

M. BARIÉ (*London Lancet*) has observed four cases of variolous periostitis. The bones most frequently attacked were the left tibia, the radius, and the humerus. The periostitis generally appeared five or six weeks after the onset of the smallpox, and manifested itself first by severe pain, limited to one part of the skeleton. There was no redness or heat of skin; a sort of swelling or hard cedema being found over the seat of pain, but no fluctuation. It was supposed to be identical, pathologically, with the periostitis supervening in typhoid fever.

A CASE of partial sloughing of the cornea, due to exposure to cold for nine hours on a Russian steppe, in driving against a snow-storm, is reported by Dr. Kuritzin (*Lancet*). Both eyes were similarly affected, somewhat deep ulcers having formed, in shape and position corresponding to the openings between the eyelids. The other parts of the eyes were scarcely affected. The patient had never previously suffered from any affection of the eyes and made a good recovery.

THE Sydney Board of Health having requested Dr. W. Peirce, of the Coast Hospital, to report upon his treatment of typhoid fever,—the rate of mortality being remarkably low,—Dr. Peirce states (*London Lancet*) that, in cases received within the first ten days of the disease, calomel (three to five grains) is administered, and after that acetanilide, in five-grain doses, whenever the temperature exceeds a certain point ( $101^{\circ}$  to  $103^{\circ}$ ), up to six or eight times in the twenty-four hours. The effect of this is to cause a fall of temperature in about forty minutes, attaining its minimum in from two to four hours, with lowering of the pulse and respiration rates, and with decrease of arterial tension, and profuse sweating.

The tendency to delirium is diminished, and there follows a sense of repose. When the effect of the drug passes off, the tem-



perature often rises with great rapidity, and the dose must be repeated.

Dr. Peirce considers this treatment to have advantages over cold bathing. The drug may be given for several weeks; and he has not found it contra-indicated, even when there were cardiac complications. In all cases where it is *freely* given, there is liability to occasional cyanosis of extremities and face, with irregular pulse.

Alcohol was sparingly given, and generally only in cases of failing heart.

The Board of Health complimented Dr. Peirce on the favorable results of his treatment.

DR. HUCHARD reports that salicylate of magnesium has rendered him wonderful services in the treatment of typhoid fever. The ataxic symptoms disappeared, the fetor of the breath vanished, the distended abdomen was diminished in size, and the foul odor of the stools was banished.

He believes that the death-rate from ileo-typhus can be greatly lessened by the employment of salicylate of magnesium. The dose may be fixed at ten to fifteen grains, three times daily. It is soluble in water, also in alcohol.

DR. R. SANDERSON, at the Brighton and Sussex Medico-Chirurgical Society (*British Medical Journal*), read a paper on diphtheria, according to which the local lesion should be regarded, bacteriologically, as a "cultivation" upon human mucous membrane, and that the constitutional poisoning was directly proportional to the area occupied by the cultivation.

The diphtheritic membranes were a protecting blanket under which, and in which, this cultivation thrived, and, were in themselves a mechanical danger, and aided the spread of the cultivation by transplantation and continuity.

They should therefore be thoroughly dissolved early, and re-dissolved as soon as re-formed.

He knew of no solvent better than Finkler's papain. Having exposed the cultivation, a germicide should be used; he preferred acid carbolic, 3 i.; glycerine, 5 i.—M.

He maintained that by taking a case early, and treating the local lesion as above indicated, the area, and consequently the toxæmia, could be controlled, and the danger of invasion of the nose and larynx minimized.

A NOVEL treatment of hydrocephalus in

infants is published by Dr. Somma (*Deutsche Zeitung*), who has availed himself of the sun in curing five cases of this disease in its chronic stage. The treatment is as follows:

The child is given to an assistant, whose head is covered. With a clear sky, the occiput of the child is exposed to the rays of the sun, the assistant seated and immovable.

In the first four or five days the exposure may last a half hour or less; later, forty or fifty minutes. The treatment must be continued for a month. Dr. Somma believes the action of the heat of the sun produces absorption of the collection of intra-cranial serum, and gives a healthy stimulus to the vaso-motor system.

DR. LITTLE (*Dublin Journal Medical Science*) states that migranous headache is best relieved by twenty grains of salicylate of sodium in a wineglassful of water, made effervescent by the addition of a dessertspoonful of effervescent granular citrate of caffeine. The doctor has not found the latter alone efficient.

For the expulsion of tape-worm, with its head, Professor Pepper, of Philadelphia, successfully employed the following procedure: The patient fasted during the day, and took a saline purge in the evening. The next day two fluid drachms of oleo-resin of male fern was given, rubbed up with sugar, at 7 a.m., 8 a.m., and 10 a.m.

With the last dose a saline purge was given.

He says it is useless to trifle with smaller doses of male fern.

For the immediate relief of cramps in the legs, Dr. St. Clair (*Medical Age*) winds a coil of string around the leg over the place that is cramped, and taking an end in each hand gives it a sharp pull, one that will decidedly hurt. Instantly, he claims, the cramp will let up, and the sufferer may rest assured the cramp will not come on again that night. For a permanent cure he recommends galvanism, the negative pole being applied over the seat of the cramp, the positive pole on the thigh.

MORE suggestions are in circulation regarding the arrest of bleeding from the nose. Dr. Wade (*Deutsche Med. Woch.*) recommends that the hands and feet of the patient be placed in water as hot as can be borne, and asserts that this will check the most obstinate epistaxis.

Dr. Robinson, of Kansas, speaking of this

subject, says it is well known to anatomists that the hemorrhage, in the vast majority of cases, proceeds from the septum nares, supplied by a branch of the superior coronary, given off from the facial. It enters the nose just below the alæ nasi, crossing the superior maxillary bone at that point.

Firm pressure over this point is the treatment. Both these plans may be adopted simultaneously.

## SURGERY OF THE BRAIN—BASED ON THE PRINCIPLES OF CEREBRAL LOCALIZATION.\*

By ROSWELL PARK, A. M., M. D., Professor of Surgery, Medical Department, University of Buffalo.

The purposes of this discussion and the division of labor between the essayists of the evening have made it necessary that the following remarks should be confined, as strictly as circumstances may permit, to a consideration of the essentially surgical aspects of the general topic of cerebral localization. To this end I prefer to restrict myself in the main to the surgery of cerebral abscess and to that of intracranial tumor. These are mainly chronic lesions, whose symptoms and signs are to be recognized by the principles already so ably rehearsed by Professor Mills. Indeed, I wish to be excused from considering, except in a casual way, operations for relief of recent hæmorrhage, a surgical field in which numerous brilliant results have been of late obtained, as well as those for epilepsy of traumatic origin, except so far as they are caused by abscesses or tumor, and those in which the operation is indicated by a study of the subjective rather than of the objective features; furthermore, I must also omit all immediate operations for gunshot or penetrating wounds of the cranium, unless they, too, come under the proper category.

Operations are taken upon the skull, as they are upon the abdomen, either for exploratory purposes or for relief of a recognized lesion. There is a rapidly growing tendency in favor of exploratory operations in each locality, and, as our technique improves, our confidence in their efficiency and safety becomes strengthened. There was a time when laparotomy for diagnosis was considered quite unjustifiable; now it is

often our duty to perform it. There was a time when the operation of trephining had a mortality rate considerably over 40 per cent.; now in proper hands it has fallen below 3 per cent. Surely many other can say, as can the writer, that they have never lost a patient as the result of this operation. This means really a great deal. Indeed, it is easily susceptible of demonstration that exploratory trephining is the safer of the two. Patients have died immediately after the puncture of the liver or the lung by the aspirating needle, but after similar puncture of the brain perhaps never.\* These and other considerations induce one, then, by precept as by practice, to encourage in every legitimate way the early resort to exploratory trephining.

In the preparation of that which follows, the writer has not hesitated to avail himself of the labors and studies of others, and freely acknowledges his indebtedness to the work of Dr. Ferrier, as well as to the writings of those masters of cerebral surgery, Professors Bergmann, Macewen and Horsley, and indeed to every essay upon the subject which he could utilize.

### *Cerebral Topographical Anatomy.*

Here, as elsewhere, our surgical procedures must be guided by accurate anatomical data, and consequently, following the natural order, we must first consider so much of the regional and surgical anatomy of the cranium as concerns present purposes. In other words, we may properly look to the neurologist to make the diagnosis, but with equal propriety he may expect from us the ability to find the lesion. Not much less astonishing than the discovery of the planet Neptune at the spot determined by the computations of Le Verrier was the first discovery of a cerebral lesion at exactly the point indicated by a careful study of somatic disturbances; both were wonderful examples of inductive reasoning.

The areas which most concern the surgeon in this kind of work are those which cluster along the fissure of Rolando, and the proper determination of the locality of this fissure is to the surgeon what the long baseline is to the geodetic surveyor. Various rules have been laid down by which the

\*Read before the Congress of American Physicians and Surgeons at its first triennial meeting, Washington, September 19, 1888.

\*Since this was written the writer has seen Weir's recently published statement ("Am. Jour. of the Med. Sci.," September, 1888, p. 229) that he has twice seen death follow the introduction of needles into the brain, though to what depth he does not state, nor does he give the size of the needles. (Vide below.)



location of this fissure may be determined. Without considering all of them, there are two or three of which it is worth while to briefly speak. First, it is necessary to accurately mark out two or three prominences about the skull as points of departure: the root of the nose, known in this sense as the *glabella*; the external occipital protuberance, known also as the *inion*; the point at the vertex of the skull, half way between these two prominences, the *bregma*; the external angle of the orbit, the tip of the mastoid process, the lower border of the alveolar process of the upper jaw—these are all landmarks of importance in one or the other of the methods referred to. Before endeavoring to make out any of the deeper fissures, by external aids, the scalp should have been shaved. The fissure of Rolando has its upper end about five centimetres back of the bregma, but it does not run quite up to the middle line; its lower end lies about half a centimetre behind the auriculo-bregmatic line and a little above an imaginary horizontal line, parallel to the alveolar-condyloid line, projected backward from the superciliary ridge; thus the lower end of the Rolandic fissure will be found about six centimetres above and a little behind the external auditory canal—in other words, its lower end is about an inch behind the bifurcation of the fissure of Sylvius.

Mr. Hare, of Edinburgh, has shown in the *Lancet* (March 3, 1888, page 408) that the distance of the upper end of the fissure of Rolando is fifty-five and seven-tenths per cent. of the total distance from the glabella to the inion; also that the angle formed by the fissure with the middle line of the skull is sixty-seven degrees. The fissure itself extends about three inches and three-fourths along this line, running from above downward and forward.

At the suggestion of Professor Chiene, Dr. Wilson constructed a scale of measurements for localizing fissures according to these data, and which is known as Wilson's *cyrtometer*; a home-made instrument of this kind I show you here. One strip passes coronally around the forehead, being fitted over the glabella and external angular process; another strip, at right angles, passes backward from the glabella to the inion. This strip is marked with two scales of letters, and these are located at points accurately marked out, according to the proportion of fifty-five and seven-tenths to

one hundred. Should the distance of the inion from the glabella be found to be at a point marked with a capital C, the sliding scale on the instrument is put at a corresponding point marked with a small c; from this a projecting arm, fixed at an angle of sixty-seven degrees, will be easily bent down, directly over the Rolandic fissure, and with an aniline pencil this may be traced on the surface of the scalp. Accurately speaking, the fissure of Rolando is not a perfectly straight line, inasmuch as it forms a slight curvature opposite the lower end of the intraparietal sulcus, its lower half being directed a little more vertically; nevertheless, the line thus marked out will be sufficiently accurate for surgical purposes.

The bifurcation of the fissure of Sylvius corresponds to a point an inch and a quarter behind and a quarter of an inch above the level of the external angular process of the frontal bone.

The fissure of Sylvius divides into a short anterior and long posterior branch; it commences an inch back of the external angular process, along a line drawn from this process to the occipital protuberance; from this point a straight line to the center of the parietal eminence marks with considerable accuracy the course of the posterior limb of this fissure.

The H-shaped junction of the parietal, the great wing of the sphenoid, the frontal and the squamous bones was termed the *pterion* by Broca. The point of division of the fissure of Sylvius is just underneath the pterion. The line of the posterior branch has just been indicated; the anterior branch runs upward and forward almost underneath the line of the sphenoido-squamous suture. This anterior branch is important; it is the anterior boundary of the so-called motor region, while the posterior branch bounds the same area inferiorly. The precentral or vertical sulcus, which is not a fissure, is of importance, because it divides two convolutions of very different function, and because on each side of it are ranged convolutions in which exist the most extensive variety of motor functions. It runs parallel with and just behind the coronal suture, passing upward and slightly backward, reaching about to the center of the fissure of Rolando, and there bending forward. The inferior frontal sulcus is about opposite the temporal ridge, where it crosses the coronal suture at the point

termed by Broca the *stephanion*; or, to be a little more accurate, this point may be termed the lower stephanion, while the upper is at the point where the superior temporal ridge crosses this same coronal suture.

Behind the fissure of Rolando we meet with the intra-parietal sulcus which is the posterior boundary of the motor area; its commencement is opposite the slight knee-like bend alluded to in the fissure of Rolando; it passes upward and away from this fissure, and thus forms the ascending parietal convolution; it runs directly backward and finally nearly parallel to the longitudinal fissure, passing around the outer end of the parieto-occipital fissure which is at the apex of the motor region.

As Amidon has shown (*Medical News*, June 21, 1884), the first or superior frontal convolution commences about two centimetres and a half behind the bregma and passes forward nearer the median line toward the orbit; the second frontal occupies a similar but more anterior and lateral position; while the third frontal lies wholly in front of the auriculo-bregmatic line, on a plane five centimetres above the external auditory meatus; its folded part is about two centimetres and a half in front of this line, or about two centimetres behind the external angular process of the frontal bone. The ascending frontal convolution is in front of the fissure of Rolando, the ascending parietal back of it, while the fissure of Sylvius and its posterior division separate the ascending parietal above from the first temporo-sphenoidal convolution beneath. The more exact localization of motor areas can be seen at a glance from the accompanying diagrams, while, for a more accurate description of their exact location, I would refer to the paper of Mr. Horsley, in the *American Journal of the Medical Sciences* for April, 1887, page 342; Dr. Roberts' excellent monograph on the "Operative Surgery of the Brain" (Philadelphia, 1885); to a paper by Mr. Hare in the *Lancet* for March 3, 1888, and to the various monographs and treatises on diseases of the brain which need not be mentioned in detail.

In this connection it might be stated that lesions of the dura over these motor areas are by no means always to be distinguished from the lesions of the cortex beneath; and it is a well-established fact in surgical

pathology that various disturbances of the dura can call forth symptoms of profound severity. The researches of Duret "On the Rôle of the Dura Mater and its Nerves in Cerebral Irritation" have shed a great deal of light on the functions of this membrane. In this respect Duret shows that the dura mater contains an abundance of sensory nerves which are extremely excitable, these nervous filaments being supplied from the fifth pair. It is known that irritation of the branches of the fifth often produces reflex spasms which may radiate down the cord, mainly, but not always, on the same side; or which may produce contractures of the muscles of organic life, pain, hyperæsthesia, neuralgias, and many other reflex sensory or motor phenomena.

These symptoms tend to diffuse and invade neighboring groups of muscles. They have never the localization, the measured and purposed character, of contractions which belong to lesions of the cortex. They frequently become transformed into permanent contractures. The reflex vasomotor disturbances due to irritation of the nerves of the dura mater consist in spasms, or congestive paralyses of the cerebral and ocular vessels, either on the same or the opposite side. These facts are important to pathologists, as they show the great influence of irritation of the dura mater on cerebral vascular conditions and on the organs of sense, and shed light on the causation of secondary effects in cerebral traumatism—that is, on the congestions and inflammations of the cerebral membranes. Destructive lesions cause local anæsthesia of the dura mater.

I have taken this statement *in extenso* from Duret because of its importance. These observations on lesions of the dura, coupled with those confined to the brain proper, lead me to simply make this remark in addition to what has already been said: It is enough for the surgeon that a lesion of some kind can be located with reasonable accuracy. It matters not whether this is an old irritative lesion of the dura, an acute suppurative process anywhere between the bone and the brain, or an abscess or a tumor in the brain itself. The indication for exploration is just as strong, and it is the surgeon's bounden duty to penetrate the bony roof of the brain and be prepared to do anything which may appear to be indicated, just as in abdominal surgery one begins an



operation as an exploration, being prepared to meet the indication upon anything which may be discovered within.

While the cerebellum is, in the future, to be by no means exempt from surgical invasion, we are, nevertheless, not here bewildered by such a wealth of topographical boundaries and divisions. It lies entirely beneath the tentorium, which divides to form the lateral sinus. This sinus follows a line nearly corresponding to the superior curved line of the external occipital surface, but a little below it. It would be best in operating to allow, at all events, at first, half an inch, and even then to perforate the bone with caution. It must also be remembered that the torcular Herophili is seldom exactly centrally situated—most commonly a little to the left—and that the region three-quarters of an inch on either side of the middle line had better be avoided, at least for the first perforation.

Other facts to be borne in mind are that children and the aged have no diploë; that the crania of the aged may be extremely thin; that the frontal sinus is not to be ignored in operating in its neighborhood; that the superior longitudinal sinus is beneath the middle line of the vault; and that the middle meningeal artery lies about an inch and a quarter back of the external angle of the orbit, and is sometimes almost buried in a bony channel.

*When and Where can One Trephine with Safety and Where should One Avoid Perforation of the Bone?*

Probably the safest rule to follow is that the first application of the trephine should be over those well known areas of the skull which do not overlie large vascular channels, as, for instance, those points where one may wound the middle meningeal artery, the superior longitudinal sinus, the lateral sinus, the occipital sinus, and so forth; but, after an opening has been made at points free from this danger, it may be extended in any direction, to any required extent, with a feeling of security, inasmuch as the larger the opening, the better our ability to cope with hæmorrhage, no matter what its source. Hæmorrhage from the middle meningeal artery can, under these circumstances, be easily arrested. Our greatest hesitation would be with regard to opening one of the sinuses of the skull. Two dangers attend such an accident—one of fatal

air embolism, as has happened to Volkmann in the removal of a sarcoma of the vertex of the skull; the other, that of profuse hæmorrhage. The former danger is almost a theoretical one, since operations on the brain proper are not nearly so likely to lead to this accident as lesions involving the bony skull itself. The latter is one which experience has taught is by no means fatal; for, should hæmorrhage thus occur from a sinus, the sinus itself may be plugged, or its wound may be closed with a fine needle and suture. Indeed, Bergmann entirely removed a part of the superior longitudinal sinus in one of his cases. The researches of Schellmann have shown that the integrity of one sinus at least may be destroyed without any serious effect upon the brain itself; though, theoretically, one must perhaps hold to the opinion that the liability to œdema of the brain will thereby be increased.

*Parts of the Brain which may be considered as Proper Fields for Operation.*

A variety of cases, some slight, some terribly severe in their destructive effects, have shown that, after all, there is but a comparatively small portion of the brain which can not be considered, in some sense, superfluous. We find that, after destruction of one part, another part, by a species of substitution, takes up its action; and we find from experiments on animals that large portions of more than one hemisphere may be removed without serious consequences. We may reasonably say that a tumor or an abscess in the brain, whose boundaries are continually enlarging, and which is consequently causing an increasing amount of destruction, is doing more harm than can be done by the surgeon's knife, which shall judiciously remove it, and thus take away the possibilities of harm caused by such a lesion. We may say, almost without question, that any part of the hemispheres is amenable to surgical attack, and at least a large portion of the cerebellum; only the basal ganglia, the pons, and the medulla can now be considered sacred, partly on account of their inaccessibility, partly on account of their primary functions. Further and more extensive experience may in some slight degree modify this statement, but it seems as though we were justified in making it with a reasonable degree of assurance. If we have any doubts in the matter at all, they are with reference to the cerebellum. The

cases of Hulke, Horsley, Weir, Suckling, and Hahn have shown that this part of the brain is amenable to surgery, but we are not sure as to just what extent. The case of Detmold, elsewhere alluded to, showed years ago how deep collections of pus might be evacuated, and a case recently reported by Dr. Blake, of Baltimore, in the "Philadelphia Medical Times," July 2, 1888, also the celebrated case of which the specimen is now in the Harvard Museum, or that reported in the "Medical Press of Western New York" for August, 1888, along with many others, will show that extensive or deep wounds are not necessarily fatal.

#### *Cerebral and Cerebellar Abscess.*

In his recent masterly paper ("Archiv f. klin. Chir.," xxxvi, 1888), Bergmann, in considering this topic, lays stress on the fact that abscess of the brain in adults has but one result—death; and that the surgeon's knife offers the only relief. The greatest difficulty lies in exactly diagnosing the nature and locality of the trouble. So far as we know, there is no such thing as idiopathic abscess of the brain; it is always a sequel either of some external wound of the head or of some extension from diseased surrounding bone. The only exceptions to this statement are to be found in the case of pyæmic or tuberculous abscesses. Multiple abscesses are *almost* invariably metastatic, and consequently imply pyæmic processes, though a few exceptions have been reported.

Bergmann asserts a distinct place to acute cortical abscesses which form just underneath a point of fracture or of injury, which are to be distinguished by disturbance of healing, the altered aspect of the wound, or the escape of pus; or, if these be not noted in time, probably later by the symptoms of acute meningitis. Nevertheless, it is not always easy to distinguish between such an abscess and a suppurative meningitis; either may cause paralytic phenomena. The latter is perhaps more betokened by the changes of the incompletely healed wound than by pathognomonic symptoms. A leptomeningitis may develop with almost lightning-like rapidity, whereas time is required for the formation of an abscess. We scarcely expect an abscess to give characteristic sign before the second week. If slower than this, ample time has been given for such adhesions to form as may constitute

an effectual barrier to the advance of pus. Under such circumstances we have a localized collection of pus rather than a diffuse meningitis—one which can be easily opened and drained.

There is a notable difference between these superficial abscesses which develop in a few days, usually with symptoms that remind one constantly of a leptomeningitis acuta, and the formation of those deeper collections of pus in the brain which may lie dormant for weeks, months, or even years. The former are the direct result of surface lesions. The latter are not to be thus explained. Only exceptionally do we see evidences of extensive external lesions. Even violent injuries, such as cause concussion are not often followed by them. They correspond to the abscesses which form in bone—*e. g.*, the femur—and are the result of intermittent processes. Between the pus and the cortical surface lies apparently healthy brain-matter; whether the exciting impetus is transmitted along the lymph-vessels or the blood-channels is not now clearly made out.

It is the peculiarity of cortical abscesses to follow more or less superficial wounds; the deep ones seldom if ever have such a history. The latter more commonly are associated with foreign bodies or particles of bone driven deeply in. Protracted external suppuration does not seem to predispose toward them of itself, unless followed by caries or necrosis.

Another, and non-traumatic class of abscesses is that connected with disease of the middle ear, or non-traumatic suppuration in other parts of the bony envelope of the brain. Nearly half of the entire number of cerebral abscesses have this origin. It is only chronic otitis media suppurativa which leads to this result. Acute brain symptoms have followed ear trouble, but never a brain abscess. The method of their extension is too well known to need description here.

The position of abscesses connected with middle-ear disease is of surgical interest. Almost without exception they are found either in the temporal lobe or in the cerebellar hemisphere; in children most commonly in the former; in adults in the latter.

One of the most uncertain features about abscesses is the date of the origin. Suppurative processes in other parts of the bony skull have a similar influence in determin-



ing deep brain abscess. Perforating tubercular disease of the bone at any point may lead to abscess beneath; so may caries of the ethmoid or frontal, or ulcerative disease in the nose.

The symptoms of deep brain abscesses may be divided into three groups, according to their cause:

1. Those which are inseparable from indications of suppuration. Such are those disturbances which may follow any deep-seated foreign mass.

2. Symptoms of increased intracranial pressure and disturbed relations.

3. Special symptoms by which the locality of the disease may be ascertained (localization).

(1) Of all these symptoms and signs, fever is the most significant. This may be very irregular with long periods of intermission. This is of less value when there is coincident suppurative disease of the middle ear, since it may then be accounted for.

(2) The most significant symptom of increased pressure is headache—a persistent headache, varying in degree, always worse when the patient's temperature is raised. Everything which can increase intracranial blood-pressure—use of alcohol, too low position of head, etc.—increases the pain. In middle-ear cases the headache is more fixed and localized. It is increased by percussion over the affected area.

Other pressure symptoms are less frequent in abscess cases and more variable. Marked alterations of pulse and respiration rate, a pulse even as slow as 30, and Cheyne-Stokes respiration with coma, have been noted. These alarming symptoms may shortly subside, however, and such changes for the better and worse are much more common in abscess than in brain tumor. Choked disc is also less frequent in cases of abscess.

(3) Localization symptoms are often conspicuous when the abscess is in the motor area, the reverse when in the frontal, temporal, or occipital lobes. The local disturbances may be easily confused with those caused by simple degenerative processes (softening), such as in all probability are actually taking place around the abscess. In case the abscess subsides into inactivity and is followed by cessation and contraction, the local symptoms may much improve. The pus collecting in the depths of the

hemispheres may only separate the motor impulse conducting paths, without materially affecting their integrity. So long as the grey matter is undestroyed, the collection of pus may assume large dimensions, even involve almost an entire hemisphere, and still no intense motor disturbance appear. But the nearer it approaches the cortex, and the more destruction it causes there, the more we may expect motor disturbances.

Like others, Bergmann lays considerable stress on local elevation of temperature over the abscess. General experience shows this to be a sign of great value when met with, but one the absence of which need by no means negative a diagnosis if made on other rational grounds.

The same writer also maintains that there is less probability of early recognition of abscess in the frontal lobes, since it is well known that these may be almost totally destroyed without symptoms. But the larger it grows and the further its encroachments extend posteriorly, the more likely are we to get disturbances of the speech, or paralytic features about the face or eyes. Bergmann says facial paralysis implies that the abscess in the frontal lobe—if such there be—is large.

Certain peculiar features are alleged to pertain to abscess in the *temporal region*. Thus Wernicke has stated that there is a peculiar disturbance of speech which points especially to this lobe as the locality of the disturbance. This is the confusion of correct with incorrect or fictitious (*"erdichteten"*) words; it is a species of aphasia implying interruption in co-ordination which results from trouble at this point.

Abscesses in the cerebellum for the most part go unrecognized. Frequent and severe attacks of vertigo, along with headache, loss of sensibility and of motion, are indications not usually lacking. According to Nothnagel, a staggering or swaying gait would imply lesion of the vermiform portion. But a collection of pus above the tentorium may produce similar disturbance in the underlying cerebellum by mere pressure.

In a paper on "Surgical Interference in Cerebral Abscesses," by Dr. Nancrede, of Philadelphia (*"Transactions of the American Surgical Association,"* vol. ii, p. 85), some valuable hints concerning the diagnosis of cerebral abscesses are given. He

believes that such abscesses are accompanied in most cases by a subnormal temperature. Where a high local temperature is noted, either the pus is from a localized inflammation of the arachnoid, limited by adhesions, or else there is a meningitis in addition to the abscess. If originating from ear disease, where the abscess is secondary, the temperature is usually above normal, although not invariably so. When the motor area is involved, diagnosis is easy; where the motor area is not involved or has not been primarily affected nor injured, chance only can lead to a determination as to the location of the pus. His paper is additionally valuable on account of the cases to which it calls attention.

In the *Edinburgh Med. Journal* (May, 1887, p. 896, and June, p. 995) McBride and Miller have given some valuable hints as to the diagnosis and treatment of cerebral abscess due to disease in the ear. When the auditory nerve is intact the disease is, in all probability, located in the neighborhood of the tympanum. In this case one should trephine above and a little in front of the external meatus. It would be well to so plan the external incision that one can also attack the mastoid process. When the auditory nerve is involved, the pus will usually be found beneath the tentorium cerebelli. In case of thrombosis of the lateral sinus, one had better abstain from operation. If instead of an abscess, one comes down upon a diffuse meningitis, the operation will still be serious. McBride calls attention to the fact that in suppuration of the mastoid cells there will usually be pain on pressure over the process. In cases of chronic suppurative disease in the ear, it is better not to wait too long before opening the mastoid, if there is any reason to suspect the presence of pus.

In the treatment of mastoid disease it occasionally happens that after opening the mastoid and detecting pus the surgeon comes to a halt because he considers that he has done enough in the absence of clear indication to the contrary. It may happen that subsequently cerebral symptoms supervene which point toward an abscess in the brain; in such a case it will be proper to enlarge the original mastoid perforation to the necessary extent, to expose the dura, and to explore with a hollow needle. If pus is found, the abscess is treated as usual;

if no pus is found, no harm will have been done.

It has been a number of times shown that the temporo-sphenoidal region of the brain better tolerates surgical interference than almost any other part of it. If it could be generally taught that, anatomically and surgically, no good reasons exist why opening of the dura and draining of the middle fossæ should not be practiced in cases of suppurative meningitis, we should not have the sad fact to contemplate that so many of the cases of cerebral abscess due to ear disease die unrelieved by mastoid operation. If cerebral abscess can be excluded in favor of an abscess in the cerebellum, no hesitation should be felt in trephining through the skull below the tentorium. Mr. Barker has laid down an excellent rule in such cases—namely to explore the opening of the mastoid vein at once; if purulent softening has extended backward toward the cerebellum from the ear, some of the discharge will be found oozing from this opening. Not enough attention has been paid to his observations.

In the general diagnosis of cerebral abscesses it is necessary to remember that there is usually a latent period, devoid of all brain symptoms, which may continue for an indefinite time, from a few days to several years. The stage of active symptoms is usually ushered in by more or less headache and slight rise in temperature; local or motor symptoms can be expected only when the abscess is in the motor area of the brain. With regard to the operative procedure, it is worth while to remember that Renz published in 1867 a case in which a traumatic cerebral abscess was reopened on account of symptoms of compression. In this case Renz practiced regularly a series of aspirations, emptying the abscess cavity through a small hollow needle twice a day for six weeks. Aspirations were discontinued during the sixth week, but had to be resumed five days later, and were continued six weeks longer. The patient recovered in half a year, and has since remained well. This is the first case on record of systematic and intentional aspiration of cerebral abscess. At the present day no one would think of practicing this method, but would make continuous drainage. When we remember that abscesses large enough to cause cerebral symptoms usually have a cavity at least large enough to find and



empty, we should be less unwilling to trephine and explore when we suspect the presence of one.

In 1855 Detmold opened the lateral ventricle with a knife and evacuated a quantity of pus, his patient dying later. In this instance he set an example of free evacuation of pus from the depths of the brain, which surgeons were uniformly slow in following.\*

The question whether it is best to wash out an abscess in the brain after it has been freely opened is one not yet positively answered, authorities disagreeing; however, it would seem as clearly indicated to thus cleanse a pus cavity in the brain as anywhere else, especially so where the pus is as foetid as it is in many of these cases. Fenger has suggested that possibly oedema or encephalitis in the neighboring portions, which are more dangerous than the abscess itself, may be by this measure prevented.

#### *Operation for Abscess of the Brain.*

Directions have been given by so many writers as to how to proceed in cases of suspected or certain abscess of the brain that it hardly seems necessary to repeat them here. The reader interested in securing explicit directions is referred to the papers of Fenger and Lee, "Am. Jour. of the Med. Sci.," July, 1884, p. 17; Nancrede, "Med. News," Jan. 28, 1888; and Weir, "Med. Record," April 9, 1887. These operations are to a considerable extent satisfactory, since the lesions can be diagnosticated with some certainty. The indication is not, under all circumstances, to operate on every case of abscess, or on those of every part of the brain; we have probably yet to learn, so far as clinical experience can teach us, what to attack and what to leave alone.

Traumatic brain abscesses have long been known, but until recently operators have satisfied themselves with incising the dura and doing nothing more. Quesnay and La Peyronie expressed a wish to explore deeper, but yielded to the conservatism of their day and did not. Dupuytren was the first to put a bistoury into the brain and thereby evacuate pus. Unfortunately, the death of his patient for a long time deterred others.

Perhaps the next one to imitate him was Detmold. With the introduction of aspiration methods the hollow needle came naturally to be suggested for brain exploration. The dangers of this procedure are certainly small; indeed, the more certain the diagnosis of abscess, the less the danger. And yet less than five years ago, when the writer ventured to read a paper on this subject and to report cases in which he had resorted to it without harm to the patients, more than one friend whose judgment he valued advised him not to publish it lest he bring discredit on method and writer alike.

The most painstaking investigations which have been made in this direction are those of Spitzka ("Trans. of Am. Neurological Assn.," 1887). He has made careful search in brains after exploratory puncture had been done. In an autopsy three months after three needle punctures had been made no indication of puncture could he find in dura, pia, nor the surface of the brain. After making thin sections of the region involved, three dark-bluish lines were found extending vertically to the surface. These were found to be minute pencils of coagulated blood. There were no spider cells, nor indications of the slightest inflammatory disturbance, nor did neighboring nerve cells show any change. Several times after injecting foul or irritating material into the brains of dogs, for experimental work, he failed absolutely to find any track of the needle or trace of its having entered the tissues, even though the foreign material injected through it was found encapsulated.

In one case, however, after thirteen months, the entire channel made by the needle was plainly visible. The obliteration of the needle tracks was most conspicuous in the largest and most vigorous animals.

Referring to the depth to which needles may be passed, he advises that they should never be introduced so far as the internal capsule, the contiguous ganglia, nor the lateral ventricles, merely for exploratory purposes, unaided by positive clinical indications of the location of the disease. Certainly the dangers of exploration with a small aspirating needle are small.

But little more dangerous is an incision into the cortex. Among the hundreds or thousands of experiments on the brains of animals, how little evidence of the harmfulness of this measure can be adduced! Al-

\*Dr. Detmold's case was reported in "The American Journal of the Medical Sciences," 1850. The brain was exposed on account of necrosis; as exposed, it was felt to be fluctuating; the opening was in the left frontal region, twelve centimetres square. Some four ounces of pus were evacuated, and the patient immediately opened his eyes and answered questions. The patient died over a month later, and, on autopsy, pus was found in both ventricles.

most invariably no unpleasant effect follows.

Next to the danger of doing anything of this kind, that from hæmorrhage has been the greatest in common estimation. But even this has been greatly overestimated. Most of the blood comes from the vessels of the pia rather than from the brain matter proper. The picture of a traumatic apoplexy may be most unpleasant, but is a most improbable one. In the use of the temporary tampon we possess an effectual method of combating this. And if it is the vessels of the pia which particularly give trouble, they may be lifted up from their resting places and secured, or one may follow the suggestions of Fluhrer or Nancrede and leave one or more small *serres-fines* in place for a day or two. We must only remember that the cerebral arteries are all terminal.

It has been shown that the brain resembles the kidney in this respect—*i. e.*, that its proper vessels are excentrically directed and run almost perpendicularly to its surface; consequently, if an incision be made in this same relative direction, but few of these will be wounded. It has also been shown that, while oozing from such a wound may be for the moment rather free, it will readily subside after the insertion for a moment of a tampon or sponge.

The danger of hæmorrhage, primary and secondary, will be alluded to again further along.

With regard to brain abscess consequent upon middle-ear disease we have only to add some suggestions as to the best points at which to trephine. According to Bergmann (*l. c.*, p. 801), the best position for application of the instrument is above and behind the ear. Draw a line from the lower border of the orbit to the middle of the external ear, and continue it backward. Four centimetres back from the external auditory meatus erect a perpendicular to this line, and at a point four to five centimetres above the first, on this second line, the middle temporal lobe will be reached, without danger of injuring the posterior branch of the middle meningeal artery—a danger nearly unavoidable if the trephine be applied just above or a little in front of the ear. MacEwan has proposed to make the first perforation through the squamous bone six centimetres above the ear, and then to follow with a second counter-opening on a level with the floor of the abscess, wherever this may be. Numerous cases are on record where death

has resulted from failure to make this second opening (Nancrede), although Bergmann considers such through drainage inadvisable, holding that a single opening is sufficient if drainage is favored by position; irrigation, even, in his opinion, being at times injurious.

If abscess in the cerebellum is suspected, important information may be gathered by an incision from the mastoid foramen to the mastoid-occipital fissure. If pus appears here, along the vein or under the periosteum, then it is probable that it has worked its way into the posterior fossæ of the skull and determined an abscess in its contents. For, as Mr. Barker says ("British Medical Journal," December 11, 1886, p. 1155), "if there be inflammation in the posterior aspect of the petrous bone, it can hardly reach the cerebellum without forming a layer of pus under the dura mater of the lateral sinus." Any extensive operative procedure upon the cerebellum means attacking it below the tentorium. An aspirator needle might be passed into the cerebellum through this membrane from above, but any tumor or abscess which it is proposed to radically attack must be reached from below the tentorium. (*Vide* the remarks above on *Topographical Anatomy*.)—N. Y. *Med. Journal*.

(To be continued.)

## SPONTANEOUS BACTERIOTHERAPY.

The occasional cure of a local affection by an attack of erysipelas is a matter of common observation, and the occurrence is not necessarily to be explained as the triumph of one micro-organism over another. In a recent number of the "Gironale internazionale delle scienze mediche," however, Dr. de Biase gives examples in which erysipelas was followed by the subsidence of a systemic disease. He reports three cases of malarial disease that were perfectly cured by an attack of facial erysipelas. Not only did the febrile paroxysms cease, but the phenomena of chronic malarial poisoning disappeared rapidly "after the erysipelas cocci had got the better of the malarial micro-organism."

Rhus poisoning is said to yield quickly to the local application of fluid extract of *Grindelia robusta*.



# THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

*Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.*

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Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, NOVEMBER, 1888.

## DISINFECTING INSTRUMENTS.

Often the simplest way of doing a thing is the best. And so it seems to be in the matter of disinfecting instruments. Dr. Davidson, writing from the Hygienic Institute of Berlin, says that he has proved by experiment that the best and simplest process is to place them in boiling water for five minutes, after which they ought to be dried with a sterilized cloth (a boiled rag), and then placed away until wanted.

## SALICYLATE OF AMMONIUM.

In the journal of the American Medical Association for October 6th, Dr. J. K. Barnett, of Neenah, Wis., in an article well worth reading, draws attention to the value of the above remedy in typhoid and remittent fevers. It is generally combined with carbonate of ammonia, in a dose of four grains of the former and three of the latter every two hours. We recommend our readers to give it a trial.

## PHTHISIS.

One of the most interesting and carefully prepared monographs that we have seen for some time is one by Dr. Lawrence Flick, of Philadelphia, on the contagiousness of phthisis. It is illustrated with three maps of the fifth ward of Philadelphia, in which every death from this disease

during the last twenty-five years is represented by a dot. The grouping of the dots is startling. Whenever two deaths have occurred in a certain house, there are almost certain to be eight or ten others either there or next door.

The proofs are too elaborate for us to go into in detail, but any one who has any doubt about the contagiousness of phthisis would do well to obtain a copy of this pamphlet.

## THE PHONOGRAPH.

We recently experienced the pleasure of spending an evening at Mr. Edison's magnificent laboratory and manufactory at Llewellyn Park, where the great inventor himself demonstrated to us the powers of the phonograph.

By means of the recent improvements, especially the using of a wax cylinder, the machine is now able to reproduce with equal distinctness, as many as 500 times, the sentences which have been spoken into it.

The day may yet come when it will be used, not only by students in the lecture room, to familiarize them with normal and abnormal heart and lung sounds, which they would otherwise have to learn at the bedside, but even the consulting physician in his office may make use of it to drum into the ears of his patients the advice which alone can cure their disease.

As all diseases may be considered as the natural consequence of the violation of the laws of health, and as it is the prime duty of the physician to teach these laws to his patients, might it not be possible to have the phonograph in the waiting room, so that when the patient enters the sanctum the doctor will find an already cultivated soil for his words of wisdom to fall on.

## PATHOLOGY AND TREATMENT OF URÆMIA.

Dr. Wm. Carter's recent Bradshaw lecture on this subject has attracted consider-

able attention, and some of the results of the different investigators which he gives are rather surprising. For instance, Feltz and Ritter come to the conclusion that potassic salts are the most poisonous constituents of the urine.

Doubtless they have good grounds for coming to such a conclusion, but we think there is more laboratory science than there is practical common sense in their conclusions. Every one knows that urea is the ultimate stage of the metamorphosis of nitrogenous substances, whether taken in as food from without or obtained from the muscles of the body. Some of the intermediate stages between digested albumen or peptone and urea, such as creatin and creatinin, xanthine, oxalic acid and uric acid, are also well known; but there are probably a great many hitherto unrecognized chemical compounds varying in their degree of oxidization, and the presence of which in undue quantities in the blood gives rise to those vague phenomena so common in so-called dyspeptics. These investigators have done one good thing, however, in drawing attention to the products of intestinal putrefaction, and we agree with them when they say that intestinal antiseptics is indicated; also, the advantages of clearing out the intestinal tract at the beginning of an attack of uræmia are apparent.

We think more attention might be drawn to the relation of uric acid to Bright's disease. Is it not possible that the sharp pointed crystals of this substance in passing along the narrow tubes of the kidneys may so irritate them as to set up chronic inflammation in the organ?

Another good suggestion they make is to limit or cut off the supply of such food as forms most urea, and secondly, to burn up or oxidize the intermediary compounds by the administration of pure oxygen, or by increasing the amount of muscular exercise.

## WHITECHAPEL MURDERS.

For the last month the English press, both lay and medical, have been literally full of the details of these tragedies, and every kind of explanation has been duly weighed and found wanting. The fact is, as medical jurists know, the most difficult of all crimes of which to detect the perpetrator are those which have been perpetrated without a motive, for where there has been a motive for getting rid of any one the number of those who might be interested in their death is so limited that the police have no difficulty in getting upon their track; but when there is no motive there is no connecting link, so to speak, between the murderer and the murdered, and the detectives must, therefore, fall back upon watching alone. But to find a person in London when you do not know whom you are looking for, is like trying to find a needle in a haystack. The most probable theory is the one adopted by most of the medical journals, that the murderer is affected with that peculiar form of homicidal mania which takes exquisite pleasure in the murder of a female. It is well known that this is in some cases monomania, so that in all other subjects he may be refined and intelligent. Another theory, however, not without reason, holds that the murderer is one of those people of unbalanced mind, who, having witnessed the play of Dr. Jekyll and Mr. Hyde, which has been going on for some time in the London Theatre, has taken upon himself the dual character of being a well educated and benevolent gentleman in the daytime and then by the taking of some potent drug transform himself at night into a bloodthirsty fiend incarnate. We reject the view that these murders have been perpetrated for the sake of obtaining anatomical specimens, for we have seen these organs by the barrowful in the class room of a *privat-docens* of gynecology in Berlin, but they certainly could not have been removed with sufficient skill, to be of any use for teaching



purposes, by the assassin's dagger. The only melancholy consolation about the horrid business is that he has chosen his victims from a type of human beings degraded below the beasts.

### SIR MORELL McKENZIE AND THE EMPEROR OF GERMANY.

It is an old saying that when medical men quarrel the public laughs. Never was this more miserably or more pitifully demonstrated than in the case above referred to, where we have seen the leading specialist of England quarrelling in the public press with his German colleagues, or, as one of our contemporaries inelegantly puts it, "washing his dirty linen in public." It is time that the profession, at least, should understand the true inwardness of the sad case. The loving and beloved Crown Prince was stricken with cancer of the throat at least eighteen months ago, before even which time the leading physicians of the court had made a correct diagnosis, which, out of consideration for the patient, was kept as secret as possible; but certainly in May of last year, when we were in Berlin, it was a matter of daily discussion that the Crown Prince had cancer.

Now, the widow of a crown prince only receives a pension of \$25,000 a year, while the widow of an emperor receives \$250,000 a year, and there being a law in Germany that no one can ascend the throne who is stricken with a fatal disease, it became a matter of the greatest importance that the diagnosis of the two German surgeons should be contradicted.

Whether Sir Morell proceeded to Berlin with instructions to call the disease something else, or whether, like many successful specialists, he of his own accord gave the favorable prognosis, at any rate his favorable augury was received with welcome by the sufferer and his anxious family, who were thus encouraged to hope against hope. The old Emperor died, and the dying man reigned in his place. Alas! for all too

short a time, but long enough to make his consort Empress of Germany and Queen of Prussia. Dr. McKenzie became Sir Morell and stood high in the favor of his Queen and country.

But this did not put off the fatal day, although everything was done for the patient that could either prolong his life or make his death more easy. He died, and his son, who was kept by means of Sir Morell's favorable diagnosis from ascending the throne for some months, at last took his place; and the first thing he did was to give Sir Morell a speedy dismissal, at the same time giving unmistakable evidences of his sympathy with the German surgeons for their temporary slight. Then Sir Morell McKenzie writes a book called the "Fatal Illness of Frederick the Noble," in which the author endeavors to show that he was altogether right in his management of the case and that those who differed from him were altogether wrong. It is not strange, says Dr. Dulles, of the *Medical Reporter*, that Dr. McKenzie felt the dissent and distrust of his German associates while his patient lived, or was irritated at their triumph when the diagnosis which they made and he denied was confirmed, or when the false hopes which he inspired the victim with gave place to a despairing death. It would not have been improper if he had in some brief communication to his professional brethren explained the reasons why he so long and so stoutly maintained that the Crown Prince was not suffering with cancer of the larynx and refused his assent to the extirpation of the growth; he might even with good grace have confessed that for reasons of state he was not permitted to express his candid opinion, and that if any blame was attached to his withholding the truth, he was willing to bear it in silence for the sake of the Empress. The course which he pursued has certainly brought a discredit upon a noble profession which will not soon be forgotten. We were pupils of his ten years ago in London and know that

he is still the first laryngologist in the world, but we add our friendly regret to the opprobrium which has been heaped upon him by his enemies.

#### NOTICES OF BOOKS.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By Austin Flint, M.D., LL.D. New York: D. Appleton & Co. Montreal: Dawson Brothers.

The name of the author, one of the leading teachers of physiology of the day, is a sufficient guarantee that the contents of this work are thoroughly reliable, while the mechanical part, such as engravings, letter-press and paper, are up to the standard of all the Messrs. Appleton's work. Although it is the fourth edition of the old book, it is practically a new book, for, as the author says, the progress of science in this department has been so rapid that he has been compelled to completely rewrite it. The style in which it is written is so clear and easy that it is rather a pleasure than a labor to read it. We can heartily recommend it to students and to those practitioners who desire to keep themselves abreast of the times.

LINDSAY & BLACKISTON'S PHYSICIAN'S VISITING LIST.

Contents—Almanac for 1889 and 1890; Table of Signs to be used in keeping accounts; Marshall Hall's Ready Method for Asphyxia; Poisons and Antidotes; The Metric, or French Decimal System of Weights and Measures; Dose Table, revised and rewritten by Hobart Amory Hare, M.D., Demonstrator of Therapeutics, University of Pennsylvania; List of New Remedies, by the same author; Aids to Diagnosis and Treatment of Diseases of the Eye, Dr. L. Webster Fox, Clinical Assist. Eye Dept. Jefferson Medical College Hospital, and G. M. Gould; Diagram Showing Eruption of Milk Teeth, Dr. Louis Starr, Prof. of Diseases of Children, University Hospital, Philadelphia; Posological Table, Medows; Disinfectants and Disinfecting; Examination of Urine, Dr. J. Daland, based upon Tyson's "Practical Examination of Urine," latest edition; Incompatibility, Prof. S. O. L. Potter; A New Complete Table for Calculating the Period of Utero-Gestation; Sylvester's Method for Artificial Respiration; Diagram of the Chest; Blank leaves, suitably ruled, for Visiting List; Monthly Memoranda; Addresses of Patients and others; Addresses of Nurses, their references, etc.; Accounts asked for; Memoranda of Wants; Obstetrics and Vaccination Engagements; Record of Births and Deaths; Cash Accounts, etc.

Can be ordered from any bookseller or direct from P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

A HAND-BOOK OF HISTORICAL AND GEOGRAPHICAL PHTHISIOLOGY, with special reference to the distribution of consumption in the United States. Compiled and arranged by George A. Evans, M.D., Member of the Medical Society of the County of Kings, New York, etc., etc. New York: D. Appleton & Co. Montreal: Dawson Bros. Price, \$2.

This volume contains a vast amount of very useful information on the localities most suitable for the cure of the various forms of pulmonary consumption, with especial reference to health in the United States. It also presents a sketch of the development of our knowledge of phthisis from the time of Hippocrates up to the present day, as well as the ascertained facts regarding the geographical distribution of that affection.

The treatise is largely composed of statistics regarding the locations where phthisis is most prevalent, showing also places where the climatic influence has proved most beneficial. The work has only been compiled after long and untiring research of numerous authorities on this disease, which is found in all parts of the globe. The statistics have been so arranged in regard to the geographical distribution of consumption in the United States as to make them available for convenient reference in selecting localities of resort as residence for invalids. This little volume on such a very important subject should recommend itself to the earnest attention of all busy practitioners. The book is neatly bound in dark cloth with gold lettering, and the superior quality of the paper and large, distinct type-work make the whole well worthy of the energy of Messrs. D. Appleton & Co., New York.

#### PERSONAL.

The following changes have occurred in the Medical Faculty of Bishop's College.

Dr. Armstrong has been appointed Professor of Operative Surgery.

Dr. Rollo Campbell (M.D. Bishop's, 1887) has been appointed Demonstrator of Anatomy.

Dr. R. A. Kennedy has resigned, owing to ill health, the position of Registrar. Dr. G. Tillerie Ross replaces him.

Dr. Armstrong has resigned the professorship of Physiology, and Dr. George Tillerie Ross has been appointed thereto.

Dr. Stewart, of McGill Faculty of Medicine, replaces this session Dr. Richard MacDonnell in his Clinical Medical work at the Montreal General Hospital. We hear favorable accounts from England of Dr. MacDonnell's progress towards recovery, at which his numerous friends greatly rejoice.



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MONTREAL, DECEMBER, 1888.

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## Original Communications.

### EXCESSIVE INTRA-OCULAR HÆMORRHAGE AFTER CATARACT EXTRACTION.

FOLLOWED BY ENUCLEATION AND LOCATION OF THE HÆMORRHAGE IN THE RETINA.

By DR. A. PROUDFOOT, Prof. of Ophthalmology and Otology, University of Bishop's College, Montreal, Specialist for the Diseases of the Eye, Ear and Throat, Western Hospital, Infant's Home and Montreal Dispensary. Life Member of the British Association for the Advancement of Science, etc.

June 5th, 1883, I was consulted by G. J., a large full-blooded man of about 50 years of age, for loss of sight in the left eye, which I found to be due to a mature cataract.

The patient being desirous of having it removed, the operation was performed without an anæsthetic.

A small peripheral incision was made with a Graefe's knife, and the cataract (which was rather small) removed *without iridectomy*.

The pupil was clear, though slightly irregular at its upper margin; but the operation was satisfactory in every respect. The anterior chamber, however, soon filled with blood, and I found it impossible to arrest the hæmorrhage. I therefore applied the bandage pretty tightly in the usual way and put the patient to bed. At

9 p.m. very little pain was complained of; but the compress and bandage covering the eye were saturated with blood. These were removed and a fresh bandage applied.

June 6th. The dressings still saturated with blood, the patient has complained of some pain and is very restless. On examining the eye there is a small clot of blood between the edges of the lids; and the lips of the incision are widely separated by a large piece of vitreous, which projects from between them. This was removed with curved scissors and the edges of the wound carefully brought together, atropine was dropped into the eye and the dressings again applied.

June 7th. The patient has suffered a good deal of pain during the night, and was forced to sit up several times upon a chair, in which position he seemed to get some relief.

The dressings were again found to be stained by a bloody discharge and the lids and conjunctiva were considerably swollen. The eye was thoroughly bathed with a solution of boracic acid, atropine dropped into the eye and the dressing re-applied. At 9 p.m. renewed the dressing and ordered a pill of  $\frac{1}{4}$  gr. morphinæ sulph. to be taken every night to relieve pain and secure sleep.

June 11th. Up to this time the inflammation has been very severe, and the

patient's sufferings have only been relieved by hot fomentations and morphia.

The whole of the vitreous has escaped, and the anterior chamber and edges of the incision are filled with lymph.

June 12th. The inflammation is now rapidly subsiding.

June 16th. At the urgent request of the patient (who was anxious to return to his business) I enucleated the eye, and by the 23rd of June he was well enough to attend to his affairs. From this on he made rapid recovery.

On making a transverse section of the globe immediately after its removal, it was found to be filled by thick discolored lymph; a small clot was discovered near the disc, which upon being removed disclosed a rupture of a small branch of the arteria centralis, which was evidently the seat of the hæmorrhage. When examined with a strong glass, a small dilatation of the vessel was found to exist at the point of rupture.

Dr. B. E. Fryer, of Kansas City, has recently published a case of excessive hæmorrhage was from the stump of the iris."

Dr. F. C. Hotz, of Chicago, Ill., has reported two cases, but considers it likely that the hæmorrhage was from behind the vitreous in the choroid or retina, and quotes Dr. Albert Mooren in support of his opinion.

My case differs from those reported by the gentlemen whom I have mentioned in the following points, viz.,

1. The operation was performed without an anæsthetic.

2. The cataract was removed without iridectomy.

3. The hæmorrhage was at no time very profuse, though it lasted for three or four days.

4. The eye was removed on the 11th day after the operation and the hæmorrhage definitely located in the retina.

This is the only case of the kind that has fallen under my observation in an experience of nearly twenty years.

The man was very full-blooded and evidently addicted to the excessive use of stimulants. He was the proprietor of a small hotel.

In all such cases the operation should be made so as to allow the aqueous to flow off as slowly as possible, in order that the equilibrium of the circulation within the eye may not be too rapidly disturbed.

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## Society Proceedings.

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### MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, October 19, 1888.*

THE PRESIDENT, WILLIAM GARDNER, M.D.,  
IN THE CHAIR.

DRS. GEORGE ROSS and F. J. SHEPHERD  
reported a case of

#### PERFORATING APPENDICITIS

in which laparotomy was performed.

DR. ROSS gave the following history of the case: On the 4th inst., first saw the patient in consultation with his attending physician, who had first visited him three days previously. The patient was a healthy lad, aged seventeen. He had always enjoyed good health with the exception of some three or four attacks of so-called colic which had occurred within the past two years. These attacks were all very similar, and consisted of a somewhat sudden pain in the lower part of the abdomen and in the *left* side, not very severe and always soon relieved by a hot application and a mild anodyne. The attacks were attended by vomiting. The following day a dose of castor oil was given, and then the boy appeared quite well again. He was never away from his work on account of these attacks for more than two days. In the intervals he suffered from no digestive disturbance of any kind, the fecal evacuations being quite normal.

Early in the morning of the first he awoke suffering from violent pain across the belly, chiefly in the middle zone and



toward the *left* iliac fossa. Vomiting soon came on and was several times repeated during the day. The attack was looked upon as similiar to those previously suffered from and was treated in the same way. Opium and poultices were prescribed by the medical attendant.

Dr. Ross first saw the patient four days later. At that time the face had the characteristic abdominal expression, but was not specially anxious-looking. Color good. He complained of great pain in the lower part of the abdomen and on the *left* side; no pain on right side. Flatulence was considerable and the belly was moderately distended, chiefly in its lower half: parietes very firm and resisting; tenderness not great, but well marked, chiefly in the hypogastric, umbilical, and *left* iliac regions. Pressure was better borne in the right iliac fossa than in almost any other part, and palpation of that region failed to detect any deep-seated fullness or resistance. Vomiting was frequent. The evening previous the bowels had been moved by an enema. Pulse 120 and weak, temperature 98°.

The diagnosis lay between an acute obstruction and acute peritonitis, the latter view being favored by Dr. Ross. The cause of the peritonitis was the difficult point to decide; the sudden onset and rapid progress of the case suggested perforating appendicitis, and this was considered probable. The history gave some support to this idea, the difficulty being that the pain had always been referred to the left side, and on this side was also the greatest degree of tenderness. The ultimate diagnosis was acute purulent peritonitis depending on some previous disease in the lower part of the abdomen and that this might be an appendicitis, but the evidence on this point was inconclusive.

Dr. Ross gave it as his opinion that the boy would not live twenty-four hours if unrelieved, and strongly advised laparotomy. He fully realized the fact that four days had already elapsed and that the peritonitis

was very extensive, and that in consequence the chances of relief by operation was very small. The boy was removed to the General Hospital and, after consultation with Drs. Shepherd and Bell, laparotomy was decided on.

Dr. SHEPHERD said that when he saw the case with Dr. Ross, the patient was in a very helpless condition; he had a pulse of 150 and of much volume; vomiting was continuous. There was no tenderness on deep pressure on the iliac region, nor was there any fulness. The only very painful point was a little below and to the left of the umbilicus. It was decided to give the patient the very small chance offered by operation.

An incision some two inches long was made in the median line below the umbilicus and two fingers introduced; nothing could be felt but distended intestines, and the cæcum could not be reached, so the incision and enlarged and the hand introduced; no collapsed intestine could be felt, but quantities of lymph covered the intestines, and some fetid pus escaped from the wound; the left iliac region was explored, the appendix was found hanging over the brim of the pelvis, and was apparently normal, though somewhat distended. For purposes of further exploration some of the intestines were drawn out of the abdomen and the cavity washed out with hot water. A large quantity of pus and lymph was evacuated from the bottom of the pelvis. In order to return the distended intestine an incision was made in it to allow the gas to escape; this incision was closed by Lembert sutures. The abdominal wound was now closed, a glass drainage tube being left at the lower end. At the end of the operation the boy was much collapsed and his pulse had failed markedly. He rallied somewhat but died next morning. After the operation there was no more vomiting.

An autopsy was made by Dr. Lafleur who found that the cause of peritonitis was a perforation of the appendix. This appendix

was found hanging over the brim of the pelvis, and it was in a gangrenous condition. It was folded up on itself, the perforation was situated within the fold and could not be seen until the parts were dissected out; to the feel, the appendix was normal. There was a great quantity of lymph on the intestines, and in the true pelvis the folds of intestines were glued together in every direction.

DR. SHEPHERD remarked that, although he had examined the appendix at the time of the operation with his fingers he had not seen it, and that this case taught him that in cases of general peritonitis the appendix should always be examined by sight, even if the history and symptoms of the case do not point to this part as being the origin of the affection. If the cæcum and the appendix cannot be brought to the surface at the median incision, they should be examined through an incision made in the left iliac fossa. The position of the appendix, viz., pendant in the cavity of the pelvis, explained in this case the absence of local symptoms; although the pelvis was examined before operation per rectum, nothing was made out. Dr. Shepherd also remarked that in these cases of perforating appendicitis in which the peritonitis was diffuse from the first operation, gave much less hope of cure than when there was from the outset a distinctively localized area of inflammation, characterized by the existence of a tumor.

DR. ROSS urged strongly the importance of early laparotomy in these cases, and said that operation should not be postponed beyond the third day. In this case, operation was not undertaken until the end of the fourth day, and consequently but little good could be expected from it.

DR. RODDICK asked Dr. Shepherd whether, if he had recognized the lesion in the appendix, he would have excised it, and would the result have been different.

DR. MILLS said that the position of the appendix was peculiar and might have

caused a diminished circulation and finally strangulation; there was no doubt that the position favored the necrotic process.

In reply to Dr. Roddick, DR. SHEPHERD said that if he had made out the gangrenous condition of the appendix he would have excised it, but that he did not think this would have had any influence on the result.

DR. HARVEY, of Calcutta, made a few remarks on the objections to laparotomy prevalent among the natives of India, and said that it was very rare to get a native to consent to any new operation. He related a case which had come under his observation, of perforation of the appendix due to a lemon seed.

DR. WM. GARDNER related a case in which he had lately performed.

#### ABDOMINAL SECTION

at the request of Drs. Rodger and England. The patient was a lad aged sixteen, who suffered from severe abdominal pain and vomiting a few days before; this was relieved by morphia, and in a day or two he was able to return to his work. When seen by Dr. Gardner he had very severe abdominal pain, vomiting, constipation, and marked distention of the abdomen. There was also an elastic swelling the size of a duck's egg in the region of the right inguinal canal. On examining the scrotum only one testicle (the left) was found. There had been a suspicion of strangulation with peritonitis, and the patient had been put under ether without result. So it was decided to open the abdomen, and this was accordingly done.

An incision was made long enough to admit two fingers; on incising the peritoneum a quantity of turbid serum escaped. All the ordinary hernia regions were examined and nothing found. The swelling in the inguinal canal was in the abdominal wall and extra-peritoneal; nothing else being found, the wound was closed.

The symptoms were much relieved for three or four days, then the abdominal distension began to increase and became very



marked on the eighth day. However, the bowels began to act freely and the boy rapidly recovered, and was now quite well; the swelling in the groin had completely disappeared.

DR. BELL exhibited specimens from a

#### CASE OF SEVERE SYPHILIS.

which had died from tuberculosis of the lung. The syphilitic disease in this case was very destructive, causing extensive ulceration of palate and larynx. The nose had disappeared. In the brain were spots of softening, due probably to thrombosis. The patient first contracted syphilis in 1886, and never commenced treatment until 1888.

DR. RODDICK exhibited two specimens of

#### CANCER OF THE LOWER JAW.

The first had occurred in a man aged forty-five. The growth commenced in the gum near the first molar tooth some months before, and rapidly spread to the bone and cheek. Half the lower jaw and a portion of the cheek were removed. The glands were only slightly enlarged and not infiltrated; the growth was epithelioma.

The second case occurred in a man aged sixty-five. The disease first appeared on the lower lip some eighteen months before, and rapidly involved all the soft tissues as far as the chin; the growth was adherent to the bone and of great density and hardness. The affection was never painful. The sub-maxillary lymphatic glands were involved. The growth and the portion of lower jaw to which it was adherent were removed. The growth proved to be epithelioma.

#### EXCISION OF KIDNEY.

DR. GARDNER exhibited a tumor, which he believed to be the left kidney, removed some days before by abdominal section from an unmarried woman of twenty-eight years, who had first noticed the tumor two and a half years previously. It had grown slowly, and had been moderately painful. On examination it appeared to be the size of a child's head, was hard, nodular, painless,

and was so movable that it could be shifted to any part of the abdominal cavity from its ordinary position on the left side. When the patient was on her back the lower end of the tumor could be felt through the vagina. It could not be felt or pressed into the left lumbar region. Percussion showed it to be surrounded by intestine. The tympanitic note over it was unmistakable in the left loin. The patient was watched for eight days before operation. Pus was constantly present in the urine; she had night-sweats, but no rise of temperature.

At the operation the tumor was found to be behind the mesocolon, and the descending colon was over its outer aspect. The peritoneum over the tumor was incised, and the tumor was then easily shelled out. The attachments were at its upper end, and seemed to be the blood-vessels and ureter. The operation was completed by gathering the edges of the capsule together, and including them in the abdominal sutures. A glass drainage tube was inserted at the lower end of the wound; this was removed at the end of forty-eight hours. Her progress was uneventful, and now, at the ninth day, recovery is assured.

The tumor on section was found to be moderately firm, the surface grayish-white and fibrous. The growth was loculated; some loculi contained pus, others a yellowish transparent fluid. Urine was secreted plentifully from the first; the first two specimens contained blood, but no pus; since then there had been a little pus in the urine. Dr. Gardner thought that the absence of pus from the urine after the operation was conclusive evidence that the tumor was the kidney.

DR. RODDICK asked Dr. Gardner whether he would have performed the median incision if the diagnosis of kidney tumor had been made before operation.

DR. SMITH congratulated Dr. Gardner on the success of this operation, and said he was glad to see the gynecologist wresting further territory from the surgeon.

DR. SHEPHERD asked Dr. Gardner if it was not usual, in cases of removal of kidney by median abdominal incision, to drain through the loin. From the description given by the reading of the paper, the kidney removed appeared rather an anomalous one. All the vessels entered its upper end, and the ureter could not be distinctly made out. The tumor, if kidney, was apparently functionless.

DR. GARDNER, in reply, said that for such a tumor the abdominal incision was the best, the tumor was so movable and it could not be felt at all from the lumbar region. He was aware that some surgeons recommended draining through the loin in such cases, but he thought where the enveloping peritoneum was so loose, as in this case, and could so easily be brought to the surface and drained through the abdominal wound, the method adopted by him was preferable. He had handed the tumor over to Dr. Lafleur for examination and report.

DR. RUTTAN exhibited for Dr. deW. Smith, of British Columbia,

#### A LARGE GALL-STONE

which had been removed from the intestines after death, having produced fatal obstruction. The stone must have ulcerated through the gall-bladder into the duodenum as its size precluded the possibility of its passing successfully through the common duct. There had been no previous history of gall-stone.

DR. BLACKADER read a paper on

#### FOUR CASES OF PERITONITIS OCCURRING DURING GESTATION.

*Case I.*—Mrs. R., æt. thirty-two, in the sixth month of her third pregnancy, was suddenly seized with severe abdominal pain. She had always enjoyed good health with the exception of being the subject of constipation. She had taken some purgative medicine, and during the night was obliged to get up to attend to one of her children and got chilled; an hour later severe pains came on. When seen she was suffering

severely, her abdomen was slightly distended and tender; temperature  $104^{\circ}$ ; pulse 140, small and weak. Morphia was administered hypodermatically in quarter-grain doses and hot cataplasms applied. Her pulse rapidly failed and it was soon seen that she was suffering from acute general peritonitis. The os was examined and found to be soft, closed, and with prominent neck. There did not appear to be any special contraction of the uterus. By midnight her pulse was scarcely perceptible, but afterward improved. The pains now assumed a bearing-down character, and twenty minutes after a dead fœtus was born. Vomiting of grumous matter set in and she expired in a very short time. No post-mortem was allowed.

*Case II.*—Mrs. S., æt. thirty-three, in her eighth pregnancy, had always enjoyed good health. Toward the end of the eighth month of pregnancy caught cold and suffered an attack of bronchitis causing her to be confined to her bed for a week; while recovering from this, acute parenchymatous glossitis set in, the pyrexia lasting three days. On the fourth day the swelling had almost subsided. The same afternoon Dr. B. was sent for in haste and found patient with pinched features, feeble, quick pulse, and a temperature of  $103^{\circ}$ . There was considerable tenderness over the lower part of the left abdomen, especially in left groin; there was no distention of the abdomen. Morphia was given hypodermatically. Next day she was somewhat improved and only suffered pain whilst turning to either side. In the evening a live child was born with scarcely any pain and very rapidly. Immediately after the birth her pulse was 120, and temperature  $101^{\circ}$ . Dr. George Ross was called in consultation and also Dr. Gardner. Two days after her child was born her pulse began to fail rapidly and her condition seemed most serious. Vomiting and hiccough set in, and there was great distention of the abdomen. Arrangements were made for abdominal section, but death



took place during the administration of the ether and before the operation had been commenced.

*Case III.*—Mrs. C., æt. twenty-eight. Dr. B. first saw her June 23, 1885, in the sixth month of her fourth pregnancy, and naturally of a very strong constitution. She was complaining of severe abdominal pain with diarrhœa, which she attributed to getting her feet wet a day or two previously. Pulse was rapid, but her temperature was normal. An anodyne was prescribed, and she was not seen again for forty-eight hours, when she had a rapid pulse (108) and a temperature of 99.8° F.; she complained of pain and tenderness in the abdomen, and was confined to her bed. Next morning she was much worse. She had an anxious expression of countenance, considerable lividity of face and lips, with a temperature of 102.5°, and pulse of 120; tenderness was marked in the right iliac region and extended across the median line; there was slight abdominal distention. That evening she was comfortable. At 2 P.M. labor pains came on and the child was born before Dr. Blackader could reach the patient. There had not been much hemorrhage, but the mother was very pale, her lips were livid and her pulse feeble; the placenta was retained. After waiting a short time the placenta was delivered by passing the hand into the uterus; there was no hemorrhage. Vomiting set in shortly, and she died the same evening at 6 o'clock. No post-mortem examination was allowed.

*Case IV.*—Mrs. B., æt. twenty-four, consulted Dr. B. about the end of October, 1887, for frequent and painful micturition. She had been married in August. The symptoms did not yield to remedies, and a vaginal examination was made and the uterus was found anteverted and decidedly enlarged. Absolute rest in bed was insisted on. By the end of December she was up and about and apparently as well as ever. She was not seen again until the middle of February. She then complained of pain in the right iliac fossa and back; there was

also a good deal of nausea, a thickly furred tongue and constipation. Pulse and temperature normal; no tenderness on pressure was detected. Salines were administered (March 2d) with partial success. A fortnight later the pain became suddenly much aggravated, apparently after eating heartily; there was much tenderness over the cæcum and slight distention of abdomen. Temperature 102°, pulse 100. Slight nausea but no vomiting. The patient was anxious, restless. On the evening of the 5th Dr. Brune was called in and agreed that there was a local peritonitis. A few days later the symptoms became so serious that the question of abdominal section was discussed. There were considerable distention and great tenderness of the abdomen, especially in the right iliac region, and vomiting was frequent. Pulse weak, and 120–130; temperature 101°. Morphia was given hypodermatically and the symptoms gradually subsided. On the 12th the right parotid gland became inflamed, and then the left gland was likewise affected but both subsided without suppuration. On the 14th of May the patient was safely delivered of a healthy child, labor was in every respect normal and convalescence was uninterrupted. Since her confinement there have been two slight attacks of abdominal tenderness in the right side, with slight pyrexia—but now the patient is quite well.

Dr. Blackader said that there was no reason why peritonitis should not occur during gestation, while there are reasons why it might even be more frequent at that time. A very small number of cases are recorded in medical literature, and he thought it must be of rare occurrence. No reference is made of peritonitis during gestation in any of the works on obstetrics, and very few cases are reported in medical journals. Dr. Blackader could find only four. Dr. Gow reports a case in the *Edinburgh Medical Journal* for January 1888, which was given by the reader of the paper in full. The patient died, and no cause for

the peritonitis could be found. Dr. Gow refers to one of Sir James Simpson's cases in which also no local cause could be found at the post-mortem. Dr. Matthews Duncan reports two cases of a similar kind, in both of which death took place, and no local cause of the peritonitis could be discovered. One of the patients suffered from enteritis. In not one of the cases cited by Dr. Blackader could the exciting cause of the peritonitis be discovered.

The diagnosis of the cases will lie between peritonitis, concealed hemorrhage, rupture of the uterus, and perhaps rheumatism of the uterus. Dr. Blackader said that he much regretted being unable to procure a post-mortem in his fatal cases, but that he had not the slightest doubt that his diagnosis of peritonitis was correct.

DR. J. C. CAMERON said that he did not see why pregnant women should not have peritonitis; their condition would predispose to it than otherwise. The great defect in the paper was the fact that no autopsies were held, and whether the peritonitis was idiopathic or not could only be determined by a post-mortem examination. He himself was rather sceptical as to the occurrence of idiopathic peritonitis. Peritonitis may, in these cases, have been caused by a perforating appendicitis, ruptured cyst or tube, abscess, etc.

DR. HARVEY, of Calcutta, related a case in which post-partum hemorrhage was caused by adhesions of the uterus to the parietal peritoneum, this prevented contraction of the uterus. He saw no reason why pregnant women should be exempt from peritonitis, as the same causes which produce it in the non-pregnant would be found in the pregnant.

*Stated Meeting, November 2, 1888.*

THE PRESIDENT, WILLIAM GARDNER, M. D.,  
IN THE CHAIR.

DR. BELL exhibited a case of

#### EXCISION OF THE KNEE

in a man aged forty-five years, cured in one

week. The femur was rounded off to fit into a concavity in the tibia, as recommended by Dr. Fenwick, and the bones were held together by two nickel-plated nails. The first dressing was removed in five weeks. The specimen of diseased bone removed from the knee-joint was also presented; this showed large pieces of necrosed bone in several parts of the lower end of the femur.

DR. BELL also exhibited a patient who had received an injury of the knee which had caused a

#### SEPARATION OF THE LOWER EPIPHYSIS OF THE FEMUR.

This had united in a bad position, so that the knee was very much bent inward, and the lower end of the shaft of the femur protruded through the skin. The parts were cut down upon, osteotomy performed, and the leg straightened. The result, as shown to the Society, was an admirable one.

DR. SHEPHERD exhibited a patient who had suffered from

#### COMPOUND FRACTURE OF THE OLECRANON.

The separated fragments of bone were sutured with silk, the result being bony union. The patient, a man aged twenty-five years, whilst working on board a ship, was struck on the elbow of the left arm by the fan of the ventilating apparatus; this split the olecranon process vertically, and opened up the joint. When he came to the hospital the wound was covered with dirt, and on separating the lips of the wound it was seen that the olecranon process was split into two portions longitudinally, and the joint was opened. After cleansing the wound, the separated fragments of bone were brought together with two silk sutures and the wound closed, a small drain being left at the lower end. The dressings of gauze and jute were left on for three weeks, and when removed the wound was perfectly healed and the bone found united. The patient went to work a month after the accident, but for some time the movements



of the joint were rather limited. The accident happened in July last. At present he has as good motion in the injured elbow as in the other.

DR. STEWART exhibited a patient suffering from

PROGRESSIVE HEMIATROPHY OF THE FACE, and gave the following account of the case: The patient, a boy aged fourteen years, had always been in good general health. No history of any facial atrophy. In those parts of the face innervated by the left trigeminus, especially by its two lower branches, the skin, subcutaneous tissues, the muscles, and the bones of the left side of the face are greatly wasted. The muscles appear to have suffered less than any of the other structures. The left half of the tongue is wasted, but the palatine structures on the same side are as well developed as they are on the right; the left nostril is large on the atrophic side, apparently owing to wasting of the turbinated bones and mucous membrane. The special senses are fully as acute on the left as on the right side. There is no disorder of common sensation, the senses of touch and temperature are equally acute on both sides. Repeated measurements, taken with the differential calorimeter, are negative. The angle of the mouth is slightly drawn to the atrophic (left) side. The electrical reaction to the faradic and galvanic currents is normal. In fact, it takes fewer milliamperes to bring about contraction on the atrophic side; this is, no doubt, due the wasted skin of that side offering less resistance to the passage of the current.

The wasting was first noticed about two years ago. During the first few months it made rapid progress, but the past year the patient says he is not aware of any marked progress. Two years before the commencement of the atrophy the patient had the left half of his face and left ear severely frost-bitten. It was suggested that probably the profound irritation which the sensory nerves sustained as the result of this,

had induced changes in the nuclei of their origin.

#### REVERSION IN A PIGEON WITH TUBERCULOSIS.

DR. T. W. MILLS exhibited specimens from a pigeon the subject of general tuberculosis. He said the specimens were of both physiological and pathological interest. The pigeon was a perfectly white Jacobin, bred by himself from a pair of red birds, and he asked if it was a case of Albinism, a "spert," or an instance of reversion, as understood by Darwin, or what breeders term "throwing back." Albinism is well known among wild animals (rabbits, squirrels, etc.,) and "sperts," or the appearance of variations not to be accounted for on any well-recognized principles also occur. Upon the whole Dr. Mills thought this was a case of reversion. A white cross has been known to show itself in pigeon-breeding after nine years of careful breeding. The subject had been considered important by Darwin, for it was largely upon the evidences of reversion to forms and markings peculiar to wild species that this naturalist founded his views that our domestic animals were derived from a few wild forms.

The bird shown had died two days previously, after ailing for about three weeks. A post-mortem examination showed that the organs contained tubercles in every stage of development and degeneration. The moulting season is a very trying period for birds. Dr. Mills related an observation he had made to illustrate this; a young cockerel, getting its second feathers was noticed to be bleeding in the region of the tail. Examination showed that blood was oozing from the roots of the new feathers. The abundance of blood diverted to the skin, and a corresponding demand for nervous energy in this quarter, explained why other parts should suffer, and illustrated the general views he entertained as to the part played by the nervous system in the vital processes, and the practical importance of maintaining the balance of function so often disregarded both by brain-workers

and by muscle-users (athletes). The case seemed to him very clear.

The specimen also illustrated two principles that seemed to hold in regard to tuberculosis among the lower animals: (1) The extreme rapidity of the process; and (2) the extensive character of the lesions. This bird had been ill only three weeks, and was fairly well nourished at death. The tubercles were very widely distributed, the organs inflamed and bound together by recent adhesions. Owing to enlargement of the organs and pressure the apex of the heart was squeezed to such an extent that it must have been functionless, while the immediate cause of death was, in all probability, mechanical interference with the action of the heart.

DR. SHEPHERD said he was much interested in the case of reversion exhibited by Dr. Mills, and said these are not at all uncommon in the human family. There is in nearly every person's anatomy some form of reversion to an earlier type. As bearing on these reversions of color, he instanced the occurrence of a red head in a family in which it had not been seen for several generations. He also mentioned a case which had lately come under his observation, viz., that of a cow having two rudimentary metacarpals developed in the fore limb, these being the rudiments of second and fifth toes.

DR. SMITH asked Dr. Mills if such a pigeon as he had shown were fit for food; he stated that no doubt many birds that were offered for sale on the market were subjects of tuberculosis.

DR. JAMES C. CAMERON reported a case of NERVOUS (?) DIABETES, WITH HIGH TEMPERATURE, IN A PUERPERAL WOMAN.

The patient, aged twenty-two years, multipara, was admitted into the Montreal Maternity, October 10, 1888, in active labor. Her first child was born in May, 1886. During present pregnancy she suffered much from morning sickness, occasional hemorrhages, and painful micturition. Her ma-

trimonial relations had not been happy; her husband left her some time before admission; she was an inmate of the Sheltering Home. She is subject to very violent outbreaks of temper. Labor was short and uneventful, lasting altogether six and a half hours; her convalescence was normal for the first week; about that time she was fretting about something, subsequently it turned out to be an expected letter. On the morning of the eighth day her temperature was 99.4°, and in the evening rose to 100.6°, and the next morning was 102°. The urine was examined and showed a trace of sugar. Lactation was well established and was normal; appetite good; tongue clean; lochia normal; and urine not increased in amount. Fehling and Pavy's tests used to detect the sugar. There was no great thirst. At times her temperature would run up to 105°, and as the temperature increased so did the amount of sugar; the temperature seemed to rise with the least excitement, and the pulse was never high, even when the temperature was 105°.

Dr. Cameron went on to say that sugar had been frequently found in the urine of puerperal women during lactation, and M. Blot was the first to claim that its presence is then physiological. He asserted that sugar could be found in half the observed cases of pregnancy; that it begins to appear coincidentally with the milk, increases in quantity as the milk increases, and disappears when lactation ends, and that these phenomena are observable in other mammalia. M. Lecomte, on the other hand, disputed Blot's conclusions, denied the existence normally of sugar in the urine of nursing women, and said that Blot mistook uric acid for sugar. Beneke and others, however, have confirmed Blot's observations.

Dr. Cameron said that in his case sugar was not found till after lactation had been fully established; it increased as the temperature rose and the milk became scanty, but as the temperature fell the milk again became abundant, and evidently lactation



had nothing to do with the appearance of sugar. That the nervous element had much to do with the production of the sugar he had no doubt, as when nervous phenomena began sugar increased, and when they disappeared the sugar also disappeared. On the 27th sugar was absent, and the patient was preparing to leave the hospital that day, but when Dr. Cameron made his visit he told her she had better remain a few days longer; she immediately began to cry and fret, and although her temperature did not rise sugar reappeared in the urine.

The reader of the paper said he could quite exclude septic trouble and local mischief, troublesome lactation, sore nipples, constipation, digestive troubles, and other causes which sometimes cause rise of temperature. Attention was directed to a chart which was exhibited, and which showed the peculiar action of the temperature, rising during waking hours and falling during sleeping, without corresponding variation in pulse.

That the temperature caused the glycosuria, or the glycosuria the elevation of temperature, was not at all likely, both conditions seemed rather to have been due to some peculiar nervous influence.

DR. T. WESLEY MILLS, in speaking of the cases detailed to the Society by Drs. Stewart and Cameron, referred to the views he had recently presented on the relation of the nervous system to the vital processes, at the late meeting of the Canadian Medical Association at Ottawa and also at the Washington Congress in September. He thought it would greatly widen our conception and give truer views both of physiological and pathological processes if vital processes were regarded as a related whole, the parts of which could not be isolated and placed out of relation with the rest. That such had grown up in our midst was the result of book treatment and had no foundation in nature. What is "nutrition?" Can it be considered apart from secretion, heat-production, etc.? Dr. Mills maintained

that it could not be without the danger of getting artificial conceptions. Were these trophic nerves? was a question subordinate to: Does the nervous system in mammals regulate the entire metabolism, or only certain phases of it? If it regulates secretion, he did not see, apart even from special evidence, how the conclusion could be avoided that it regulates heat-production, etc., for these processes are only *phases* of an inseparable whole while life lasts. It would appear that physiologists had substituted their own artificial conceptions for the real state of the case as it exists. In one sense all nerves are trophic. Dr. Cameron's case was a remarkable but not isolated instance of the truth of the view that heat-production is under the influence of the nervous system; and if so, why not the entire metabolism of the body?

If the sugar in the urine in this case was really grape-sugar, it was another evidence for such a general view as he was advocating. The narrow views as to diabetes being due to disorder of the liver only, must be abandoned. We are satisfied with explanations that are so simple and also artificial; we constantly forget how complex the relations among the different parts of the body are.

DR. LAPHORN SMITH said he had seen the temperature rise as high as 103° F. after drinking a cup of hot tea. He had seen the receipt of bad news cause an elevation of temperature.

DR. RUTTAN said that milk-sugar in the urine of nursing women is not uncommon. Lactose will answer to Fehling's test, and only the fermentation test will distinguish between milk-sugar and grape-sugar.

DR. GEORGE ROSS said that the striking observations of Dr. Cameron were of the greatest interest; he was not aware of similar ones. Elevation of temperature in connection with nervous causes seems to be true, and the nervous system in the puerperal state is especially liable to disturbance, and also after fevers, such as typhoid;

sudden elevations of temperature are common during the convalescence from typhoid and are of no very serious import. This elevation is quite different from the gradual rise which indicates a relapse. The sudden elevations are usually produced by emotional causes.

It is not usual to have high temperature with glycosuria. The fact that the temperature dropped at night and became elevated during the day was significant of nervous disturbance; also, that these symptoms disappeared under bromide of potassium.

DR. REED related a case of atrophy of the muscles of one side of the face without atrophy of the other tissues. Glycosuria was caused by the arrest of the flow of milk. He would like to ask if the sugar was estimated from the whole quantity of urine passed. He spoke of a case of very high temperature caused by the shock of a railway accident.

## Progress of Science.

### SALICYLATE OF SODA IN PRURITUS.

Icard reports the case of a patient who had suffered nine months from intolerable itching of the skin, and had tried remedies innumerable, who was speedily cured by the internal administration of forty-five grains of salicylate of soda daily.—*La Gazette Medicale*.

### FISSURES OF THE TONGUE.

These obstinate and painful lesions may be speedily cured, according to Schwimmer, by applying the following mixture five or six times daily:

R.—Papayotine.....2 parts.

Glycerin, aquæ.....âà 10 parts.—M.

—*Revue de Therapeutique*, Oct. 15, 1888.

### FOR COUGHS.

In certain cases of cough, in which the paroxysms are frequent and expectoration difficult, the hydrochlorate of apomorphine is highly spoken of by Stoeckart. Very minute doses are generally sufficient, only three or four milligrammes being given during the entire day. It

is generally accepted, and cases of intolerance are very rare. When they do occur, they consist chiefly of colicky pains, nausea and diarrhoea. As the solution of hydrochlorate of apomorphine is an unstable compound, he advises the addition of a few drops of chlorhydric acid, which will insure its preservation and not affect its therapeutical value.—*Journal de Médecine*, September, 1888.

### PHENIC ACID IN SKIN DISEASES.

The internal use of phenic acid in pruriginous affections is highly thought of by Dr. Augagneur, and is especially efficient in eczema and psoriasis. He gives it in the following combination:

R.—Phenic acid crystals .....gr. vij.

Syr. auranti.....5vj.

M. Glycerine q. s. to dissolve acid.

The dose for an adult is two teaspoonfuls daily.—*Revue Générale de Clinique et de Therapeutique*.

### WHEN TO TAKE MEDICINES.

Alkaline medicaments should be given before meals. Iodine and its preparations should be given during fasting, when they become rapidly absorbed in their own forms and do not undergo the changes caused by the presence in the stomach of food acids and starchy materials. Acids are best taken midway between meals, when they become rapidly diffused. If, however, it is desired to limit the production of gastric juice, they are given just preceding a meal. Arsenic, copper and like irritants come after meals; likewise, cod liver oil, phosphates and malt preparations.—*Journal de Médecine de Paris*.

### HYDRASTIS CANADENSIS IN UTERINE HEMORRHAGE.

Dr. W. Senvowski writes (*Gazeta Lwowska*) that he very successfully employs fluid extract of *hydrastis canadensis* 15 or 20 drops, three or four times daily in various forms of metrorrhagia, especially in flooding connected with puerperal subinvolution of the womb (3 cases), hemorrhagic endometritis (2), climacteric hemorrhage, etc. In one of his climacteric cases, however, a combination of the *hydrastis* extract with that of ergot (15 grammes of the



former with 1 of the latter, 15 drops of the mixture four times daily) gave better results than hydrastis alone could secure.—*St. Louis Medical and Surgical Journal*.

#### NEW PRESERVING FLUID.

At a meeting of the New York Pathological Society, Dr. T. M. Prudden presented the formula for a new preserving fluid, which had been referred to by Dr. Northup: Water, 35 fl. oz.; common salt, 3 oz.; saltpetre,  $6\frac{1}{2}$  drams; carbolic acid,  $1\frac{1}{4}$  fl. drams; glycerine, 4 fl. drams; amyle alcohol,  $1\frac{3}{4}$  fl. oz.; or ethylic alcohol,  $3\frac{1}{2}$  fl. oz.

Specimens should be first soaked in a strong brine and then placed in a large quantity of this fluid. He believed the mixture would be found to serve a useful purpose in the temporary preservation of gross pathological specimens without changing their color or otherwise altering their general appearance. The mucous membranes were particularly well preserved in the fluid.—*Medical Record*.

#### HYDRASTIS CANADENSIS IN VESICAL HÆMATURIA.

In the Moscow monthly *Novosti Terapii*, May, 1888, p. 192, Dr. F. Stroinovskiy draws attention to a powerful contracting action of hydrastis canadensis on the blood vessels of the bladder. For the sake of illustration, he adduces a striking case of intense vesical hæmaturia in an infant seven days old, in which the bleeding was completely and permanently arrested by four doses of the following mixture:

R. Extr. hydrastis canadensis fluidi.....gtt. vi.  
Emulsionis amygdalæ dulc.....fʒi.  
M. D. S. A teaspoonful every hour.

A warming compress over the vesical region was also used.

#### TEREBENE IN BRONCHORRHOEA.

Martin has obtained in bronchorrhœa excellent results from terebene. He mentions one particularly aggravated case of long standing, in which it was given in a mixture containing ℥x of gum terebene, ℥x of spirits of chloroform, ʒj of mucilage of tragacanth, ʒss of syrup, water to ʒj. This proved most palatable to the patient. Four doses and sometimes five were given in the course of twenty-four hours. The effect

upon the bronchial secretion was immediate and steadily maintained. The heart also seemed to respond to the stimulant nature of the drug, and its effects upon the atonic and flatulent condition of the bowels and stomach was remarkable. The tongue cleaned, the appetite increased, digestion became comfortable, with consequent increase in general strength. No nerve symptoms were noticed, as was the case when brandy or whiskey was given. From the day the terebene was ordered there was a steady improvement of a most marked character.—*Medical Press*, Aug. 29, 1888.

#### HOT BATHS IN CHRONIC SYNOVITIS.

Dr. G. Alleixich, of Crema, states that he has used hot baths with good results in six cases of chronic synovitis of the knee, in some of which the affection was of many months' standing, and had resisted all ordinary treatment. Dr. Alleixich makes his patients keep the knee immersed in hot water for half an hour at a time. The joint is placed in the water in a flexed condition, and the patient stands upright, resting the weight of the body on the sound limb and supporting himself with his hands on the backs of two chairs. When taken out of the bath, the knee is carefully dried and wrapped in cotton wool, the joint finally being carefully bandaged. For some days the patient should only go about on crutches. Dr. Alleixich thinks that the virtue of various hot springs renowned for the cure of joint affections (such as Acqui, Abano, Viterbo, Ischia, etc.) consists not in their chemical composition, but in their temperature, and that equally good effects can be got at home by the simple means just described.—*British Medical Journal*, September 15, 1888.

#### THE BIOCHEMIC SYSTEM.

Originated by Dr. Schüssler, of Oldenburg, Germany, is an outgrowth of the homeopathic practice, although it is decidedly unhomeopathic, and has met with severe criticism from the pens of homeopathic leaders. It entirely discards the "similia" dogma, and is based upon the idea that the twelve mineral salts, which are most abundantly found in the chemical composition of the tissues of the body, form the natural remedies when there is a disturbance of the chemical equilibrium, and that the symptoms

in each case clearly point to the particular salt required. This is decidedly a system of specific remedies, and promises speedy, safe and pleasant results, with the minimum of danger from complications or sequels. Both these new methods give single remedies, avoiding polypharmacy. They are to be judged, not by their reasoning (for it has been truly said by Trousseau that reasoning alone in medicine leads to absurdities), but by their actual clinical results. What there is good in them belong to the physician—not to the homeopathic physician, nor to the so-called electric physician, nor to the allopathic physician (if any one chose to call himself by that name), for they must adhere to their dogmas—but to the true physician, who views the vast domain of therapeutic science and chooses from it all that is really valuable for the cure of disease.

#### CAPILLARY ASPIRATION OF THE BLADDER

Was one of the subjects brought before the Society of Naturalists at Cologne by Drs. Rosenberger, of Würzburg, and English, of Vienna. The first speaker remarked it was a procedure warmly recommended by Lücke, and he wondered that it was so little practised. The operation was easily performed. Any kind of aspirator could be used, and a fine needle no thicker than an ordinary knitting needle passed into the bladder above the symphysis in the linea alba. When all the fluid was evacuated the canula should be removed with a sudden jerk. By this means no bleeding took place, especially if care was taken to keep the sides of the canal together until they adhered. Of course all anti-septic precautions should be made use of. In old people it was sometimes necessary and frequently useful. It often happened that when aspiration had been performed two or three times the patient could micturate naturally, or a catheter could be introduced, when before, such a thing was impossible. It was a procedure generally indicated in retention of a passing character, and when catheterisation set up violent hæmorrhage from the urethra. The pain from the operation was slight, frequently less than was caused by introduction of a catheter. Dr. English, of Vienna, said he had never practised capillary aspiration of the bladder, and criticised the procedure adversely as both unnecessary and dangerous.—*Med. Press.*

#### A DOCTOR'S SYMPOSIUM.

Somewhat on the lines laid down and long since abandoned by the *Pall Mall Gazette*, a north country newspaper has started the collection of the views of various more or less well-known medical men, under the title of the "Doctor's Symposium" (?), concerning the question as to whether the English race is or is not degenerating. Replies were obtained from Dr. George Johnson, Dr. Bristowe, Sir Dyce Duckworth, Dr. Handfield Jones, and others. There is a remarkable want of unanimity between the opinions expressed, several of the fourteen medical men consider that, as a race, we are going the wrong way. One attributes the decadence to compulsory education, another to "paederasty, or something like it," and a third to the want of a "good basin of broth" for dinner, while No. 4 incriminates "increased facility for locomotion." The most interesting query was as to whether the race as a whole was likely to suffer from the conservation of weakly lives by advances in medicine. To this most of the respondents reply in the negative, but the dissidents are sufficiently numerous to show that the evil effects of transmitting this or that diathesis are not lost sight of. None of the medical witnesses apparently entertained any doubt as to the beneficial effects of increased indulgence in physical sports, and as broken legs and heads are not transmissible hereditarily, most observers will coincide in the optimistic view. The last question, as to whether the great attention at present paid to health has conduced to an anxiety which is a disease in itself, is answered unanimously in the negative, the only view at all in favor of it being that of Dr. Handfield Jones, who laments the prevalence of a "morbid sexual appetite." The maxim that "ignorance is bliss," if ever really applicable, is certainly not so in respect of the laws of health, and there is a wide margin between attention to health and hypochondria.—*Med. Press.*

#### OBSTETRICS AND GYNECOLOGY AT THE CONGRESS.

By E. T. MCKEE, of Cincinnati.

Of all the specialties represented at the American Congress of Physicians and Surgeons at Washington, that of obstetrics and gynecology was probably as well represented and did as



much good work as any other. The American Gynecological Society, under that genial Southern gentleman and scholar, Dr. Robert Battey, President, of Rome, Ga., was well attended and had a flood of well-prepared papers which were discussed quite freely, and would have been more so had the time permitted. The American Association of Obstetricians and Gynecologists, under the presidency of our fellow townman, the efficient Dean of the Miami College, Dr. Wm. H. Taylor, did a surprising amount of solid work for an infant of one summer. The papers were excellent, and many representative men lent their presence and aid to the new organization.

The general welfare of the American Gynecological Society and its future action was the drift of the address of the president of this body. He reviewed the action of the Society with reference to the Congress. He stated that the Society was organized alone for the advancement of science, and there was in it no field for the parliamentarian or politician. He then considered their vacant chairs. The membership was first limited to sixty, and after two attempts was changed to one hundred. The greatest membership ever reached was fifty-eight. The average attendance he found to be good. The advisability of meeting in some of the large centres of population was shown by the attendance. Men grow old, weary, and worn, and we must look to the young. He advised the filling of the forty-two vacant chairs. He referred in some choice allusions to the subject of priority in new discoveries.

The proper indication for abdominal section, the true position which electricity shall occupy in gynecology, propriety of hysterectomy, the value of Alexander's operation and its valuable congener, abdominal fixation for reto-deviation of the uterus, the relative merits of craniotomy, cesarean section and induced labor, the best method of dealing with extr-uterine pregnancy, the proper means of securing antisepsis, are all questions fraught with great interest and merit the most thorough study. The diminishing fertility which is seen among American woman he did not think, as has been charged, pointed to the truth of the assertion that criminal abortion is a frequent practice. He thought the cause of this diminishing fertility was the social habits

and education of the women of this country. The fact that forty per cent. of mothers are unable to nurse their children demands careful attention, and much of it is due to faulty methods of dress and life. Doctrines in favor at this Congress may not be at the next. Five years takes the bloom off of most text-books, and in ten years they are discarded or have to be re-written. Laparotomy the president thought, as do all safe men, is done too often. Yet he would not have the operation condemned for the recklessness of the reckless. The mitigation of the pain of labor he thought a subject meriting our attention. By another meeting he hoped to be able to report on some experiments he is conducting.

Second Ovariectomy on the Same Patient was the subject of a very brief paper by Sir Spencer Wells, of London. He said the removal of the second ovary did to a slight extent increase the danger. In his 1,000 ovariectomies he left the second ovary in a number of women, and these women bore 228 children. Had he removed these ovaries these children would not have been born.

The new Cesarean Section (Sangers') was the subject discussed by Dr. William Thompson Lusk. He reported his three cases operated upon during the past year. Two babies lived and the mothers all recovered. One baby died of trismus in thirty-six hours. The recoveries in this country, forty per cent., are inclined to paralyze the operator. Good nursing he thought of prime importance, and a careful study of the indications for the operation, and also a certainty that the foetus was still alive before the operation is commenced.

Amputation of the Cervix Uteri for Carcinoma was a paper by Dr. T. A. Reamy, of Cincinnati. His statistics covered the period from 1876 to 1886. About three hundred cases were seen by him during this time in hospital, private and private hospital practice. He selected from these fifty-five as cases favorable for operation, the disease not having extended from the cervix, and in which he thought he could remove all the disease. Medical treatment he considered amounted to nothing. Surgery if resorted to early may save some, and hence is the only treatment. Removal in carcinoma if employed early may prove successful. After considerable experience it has become his belief that the diseased tissues can be more thoroughly re-

moved by amputation of the cervix than by total extirpation. The parts posteriorly are removed more extensively, and these are the parts where the danger lies. In total extirpation we do not cut so freely, more attention being given to the operation. Twenty-nine of the fifty-five cases recovered. No recurrence in twenty-six cases. One case recurred after three years, which goes to show that the claim, if it does not recur for three years the patient is cured, is invalid.

The New Method of Electrotherapy in Gynecology was a subject of a paper by Dr. George J. Englemann, of St. Louis. The success of Apostoli, Baker, and the Keiths had not attended his efforts, but it had been all that he could justly expect. He did not think that surgery should be supplanted by electricity, but that the latter should be the adjuvant of the former. If a final resort to the knife be necessary, then electricity has put the patient in a better condition. Electro-therapeutics, he thinks, should be tried before resort to the knife. Indurations, inflammatory products, interstitial inflammations, and neoplasms are proper subjects for this treatment. That such men as Keith and Martin, who are so strongly in favor of surgery, should recommend this practice is a strong argument in its favor.

Pelvic Abscess was the subject of remarks by Dr. R. Stansbury Sutton, of Pittsburg. The disease was very common among women, and was not confined to puerperal troubles. He discussed two forms, septic and aseptic. As in many cases we are not able to trace the septic origin, we are compelled to call them aseptic and lay the blame to taking cold. His paper was the result of his own experience rather than a collation of statistics and literature.

Dr. William Goodell had never seen pelvic abscess resulting from gonorrhea. He had repeatedly found it resulting from septic poisons, but which he thought to be largely the cause of the trouble. He had known it caused by contracting cold during the catamenial period, as by sitting on the cold door-step watching a procession pass.

Dr. T. Gaillard Thomas thought that even if an abscess pointed and clamored for an outlet through the rectum it should not be allowed to do so. He had seen two cases where the patients died from evacuating the abscess through

the rectum. Gases and feces pass through the opening.

Urethrocele was the subject of a paper by Dr. Thomas Addis Emmet. He found urethrocele existing frequently where there was a large double laceration of the cervix, and where the woman had borne often. Since 1882, when the author presented his button-hole operation to the profession, his experience has continued to convince him more and more of the benefit to be derived from its use.

Palpation of the Ureters in the Female was the subject of a paper by Dr. Howard A. Kelley, of Philadelphia. He thought this a new and valuable adjuvant to the treatment of the diseases of ureters and kidney. Freehanded catheterization of the ureters after the method of Pawlick, of Prague, was his preference.

Etiology, Pathology, and Treatment of Flexions of the Uterus was the subject of a paper by Dr. T. Gaillard Thomas. He asked pardon for bringing up a subject so trite, but said that too much had been done and said in regard to the newer operations. He considered a decided flexion between fourteen and fifty a grave affair, and the notion that anteflexion is normal or harmless, fruitful of much mischief. He who throws pessaries aside should not be allowed to practice. He who does not know how to use them should be shunned. He wished that he could color his essay with the roseate hue of success which accompanies many essays, but he could not. He even often failed to palliate the trouble.

Papers were also read by Drs. C. M. Green, of Boston, on a case of Rupture of the Uterus in Labor at Term, the child born alive, the mother subsequently having a full term child in normal labor, and one by Dr. Polk, of New York, on the Treatment of Pelvic Cellulitis.

The Dangers of Galvano-Puncture in Pelvic Tumors was an interesting paper by Dr. Ely Vander Warker, of Syracuse, N.Y. The Infertility of Women, some of its Causes and Requirements of Treatment, Henry F. Campbell, of Augusta, Ga. A Case of Subinvolution Cured by Removal of the Appendages, was reported by Howard A. Kelley, of Philadelphia.

Sir Spencer Wells, of London, read a very brief paper entitled Second Ovariectomy on the Same Patient.



The next place of meeting, Boston,—time, Tuesday, September 17, 1889.

Diagnosis of Extra-Uterine Foetation was the subject well handled by Dr. Joseph Price, of Philadelphia. The diagnosis was certainly difficult, and when the death of the foetus occurred before the bursting of the tube it was almost impossible. When the tumor increases, the pressure symptoms are always more marked. The unilateral condition of the swelling is a diagnostic sign. He agreed also with Mr. Tait that all extra-uterine foetations were primarily tubal.

The treatment of extra-uterine foetation was discussed by Dr. E. E. Montgomery, of Philadelphia. He thought electricity offered the best chances for success. It was free from danger and was almost certain to put an end to the condition. After the expiration of four months its use was more doubtful. He thought Martin's plan of dealing with the placenta was the best.

Technique of Vaginal Hysterectomy was the subject of a paper by Dr. J. H. Etheridge, of Chicago. His method of operating is especially noticeable for his substituting the forceps pressure for ligatures, thus reducing the time required for the operation to seven minutes. He had the bowels and bladder emptied, and used antiseptic *douches* for twenty-four hours previously, and a very hot one immediately prior to the operation.

Induced Labor was the subject of a paper by Dr. Byron Stanton, of Cincinnati. He held the operation far less serious than other operations, such as the Cæsarean section, and the death rate to mother and child was steadily diminishing. He strongly urged this procedure in albumenuria, but was not so much in favor of it in the vomiting of pregnancy. He favored, above all other methods, the introduction of elastic bougies which are left in the uterus.

Severe Vomiting of Pregnancy was the subject of Dr. Grailey Hewitt's paper. He enumerated as causes, emotion, chronic alcoholism, alteration in the position and shape of the uterus. To the latter cause he devoted his particular attention. He did not believe in the old saying, "A sick pregnancy a safe one." In cases of anteversion with impaction he had found the trouble a very intractable one.

Some Minute but Important Details in the Management of the Continuous Current in Gyne-

cology, read by A. Laphorn Smith, M.D., Montreal. The author said :

The absolute safety of this method was one of its most attractive features, but at the same time this safety was on the condition that rigorous antiseptic precautions were taken. He recommended a corrosive-sublimate injection before and after every application, and the placing of an iodoform tampon in the vagina to prevent coitus. He then showed a form of electrode for the abdomen which was superior to Apostoli's and equal to Martin's, but which any physician could make for himself at a nominal cost. He advocated Martin's intra-uterine electrode for positive applications, while any form of silver-plated sound would do for the negative applications. For making positive punctures he said nothing but platinum would do, but recommended that punctures be dispensed with as much as possible, as they were somewhat dangerous. Good results could be obtained with intra-uterine applications, if the poles were placed far enough apart so as to bring the growth between them. If the growth were situated in the posterior segment of the uterus, the inactive pole should be placed on the sacrum. He recommended Gaiffe's galvanometer, and pointed out the sources of error in others. He was strongly in favor of Leclanche's conglomerate-cell battery, owing to its depolarizing cell qualities ; next he thought the old Leclanche's cell with porous pot was the best for steady work. The climbing of the salt could be avoided by well waxing the tops of the cells or having them sealed. He was not in favor of Gaiffe's collector, used by Apostoli, but preferred a Bailey rheostat, by which the strength of the current could be finely adjusted.

With regard to the after-care of the patient, he thought she should, if possible, be put to bed after the puncture and kept there at least a day. The counter-indications were pregnancy, which should be carefully looked for in every case, and any tendency to acute peritonitis and cellulitis, as these conditions were apt to be re-excited by the continuous current. The only accidents he had had after a year's constant use, during which he had made nearly one thousand applications, was one abortion and one resetting up of pelvic cellulitis, which had resulted in abscess of the broad ligament, from which the patient had recovered. The results in fibroids had been : (1)

In every case bleeding had been arrested. (2) Pain had been removed. (3) The symptoms of pressure on the bladder and rectum had ceased. He admitted that the treatment was tedious in fibroids, and was only worth the trouble on account of the danger of operative procedure.

He then spoke of the value of the continuous current in dysmenorrhœa without fibroid, in cases of stenosis of the uterine os, in which he recommended the passing of a series of silver-plated graduated-bulb electrodes, by means of which the canal could so be brought up to any size. He cited several cases of severe dysmenorrhœa which had been permanently cured by this method.

The address of the President of the Congress, Dr. John S. Billings, was delivered on the last evening of the session. He took for his subject Medical Museums. He referred to the fact that the members of the Congress were for the most part those who had made valuable contributions in aid of the advancement of medical science, and were therefore interested in the subject of medical museums as a means of public instruction. He referred to the establishment of a medical library by the Government twenty-five years ago, and then traced briefly the origin of medical museums. This origin was principally due to the custom of keeping curiosities. No collections of this kind were made previous to the seventeenth century, and prior to that time the use of alcohol as a preservative and the circulation of the blood were unknown.

The Medical Museum of St. Bartholomew's Hospital, of London, is the oldest in existence. The best medical museum in America connected with a medical school is the Warren Museum, of Boston. The Army Medical Museum in Washington owes its inception to Dr. William A. Hammond. It is now placed in a fire-proof building, and contains over fifteen thousand specimens. At first it was to embrace only military subjects, but its scope has been widened. It now includes nearly all the branches of medicine except hygiene and materia medica, and these only as they relate to military subjects. He then referred to the kind of specimens most valuable to the museum. Specimens of rare abnormalities, and dried and varnished specimens of blood-vessels, in use years ago, are now

practically useless. The museum now possesses many valuable specimens illustrating anatomy and physiology. The ideal museum has many things, the full value of which is at present unknown. The main feature of the Army Medical Museum was that relating to pathology. The doctor then discussed at length the comparative value of this branch of medicine, and said that specimens of pathology were of little use unless combined with others. As far as actual practice was known, the museum was valuable in diagnosis and therapeutics. The army museum did not include hygiene and materia medica, the former being under the control of the Navy Medical Department.

The Army Medical Museum was an exception to the general rule, in that it was open to the general public. Largely the reason for this was the fact that it was first placed in the old Ford's Theatre, where President Lincoln was assassinated. Many wanted to see this historic spot, and of course had to see the museum. The Army Medical Museum was one of the sights of the capital, and, next to the National Museum, is shown to visitors as a place of public interest. Since its removal its collection has been increased, and it has become necessary to consider its relations with the general public. That an educated man should take an interest in the study of his own structure is quite natural, but in many instances the desire to visit such a museum was a desire for the sensational and emotional. The skeleton framework of the hand of an ordinary person would be passed by most persons as devoid of interest, while, if it were that of a noted criminal or statesman, it would receive the closest attention. This being the case, it was thought best not to attach names to human specimens until at least a century had elapsed.

A number of farewell speeches were then made in the happiest possible manner by Sir Wm. McCormac, Drs. Pepper, of Philadelphia, and Busey, of Washington.

After the adjournment the company resorted to the reception in the Army Medical Museum.

The officers of the Congress will be elected by the members of the Executive Committee, the members of which will be elected by the several societies next year. *Amer. Pract. and. News.*



## CLASS-ROOM NOTES.

(From the College and Clinical Record.)

The three striking symptoms resulting from acute inversion of the uterus are pain, shock and hemorrhage. (Parvin.)

Dr. Nancrede advises the use of the urethrotome in stricture of the urethra only when the stricture is in the penile portion of the urethra.

For a case of chorea in a girl ten years of age, Dr. Stewart ordered three-drop doses of Fowler's solution three times a day, combined with regulation of diet and plenty of open-air exercise.

Sometimes an infant's tongue can be exposed to view by simply pressing the cheeks gently with the thumb and finger. If necessary, hold the nose for a moment and the tongue will come in sight. (Parvin.)

Dr. J. C. Da Costa prefers silk ligatures to any other form in operations upon lacerated cervix, as strong and never causing serious effects. In one case the suture accidentally remained six weeks without any evil results.

When iodine or iodides are to be administered for a long time, certain precautions must be observed to prevent iodism, as occasional intermission of the drug, the use of eliminants, as large draughts of water, or combined with such drugs as atropine. (Bartholow.)

During pregnancy hypertrophy and dilatation of heart are common, but transitory; the kidneys become more active, especially the watery portions, and sometimes in the latter part of pregnancy a little albumen appears in urine; a little sugar need not cause alarm if there is no renal disturbance. (Parvin.)

Prof. Da Costa prescribed for a case of chronic gastritis due to excessive use of alcohol, accompanied by morning vomiting, pain in epigastrium and flatulency:—

R Zinci oxidi,.....gr. ij  
Ext. belladonnæ,.....gr. 1-16  
Ft. pil. j,.....M.  
Sig.—One three times a day.

Dr. Hearne ordered a patient affected with tinea versicolor to scrub the affected skin with the following mixture:—

R Saponis viridis,.....3 ij  
Acid. carbolic,.....3 ij  
Alcohol,.....f3 iv. M.

After which apply—

R Sodii sulphitis,.....3 ss

Glycerini, .....f3 ss  
Aquæ,.....q. s. ad f3 viij. M.

In the first stage of hip disease pain and swelling are absent and the patient does not complain; the second stage is the result of an injury, which may be slight and even unnoticeable, but an injury has been received in some form or other; the third and last stage is the destruction of the parts. Do not attempt to move the hip joint if it is stiff; if you do, you will do harm. (Dr. Allis.)

The prognosis of fatty heart is unfavorable for a cure, but if there is no strain upon the organ, it can be benefited by treatment. Diet does not materially injure, but should be good and nourishing. Stimulants are the best treatment, given with meals in small quantities. Digitalis does not do very much good, but strychnine is valuable; also small doses of nitro-glycerin. (Da Costa.)

Prof. Bartholow recommends the iodides as among the best remedies for beginning cirrhosis, often adding arsenic to the prescription, whereby the efficiency of the iodide is increased:—

R Ammon. iodidi,.....3 j  
Liq. potas. arsenitis .....f3 ss  
Tinct. colombæ,.....f3 ss  
Aquæ, .....f3 iss. M.

Sig.—One teaspoonful three time a day, before meals.

The ligatures used in Jefferson Hospital are prepared by taking ordinary catgut, immersed in alcohol containing one per cent. corrosive sublimate and five per cent. tartaric acid for one hour. From this solution, immediately place in oil of juniper berries, where it must remain at least ten days before ready for use. When wanted for use, wipe the gut with a towel wrung out of a solution of bichloride of mercury, 1-1000, and place it in a similar solution, to which has been added twenty per cent. of alcohol; the alcohol prevents untwisting and swelling.

When carcinoma of cervix uteri has reached such a stage that it is inadvisable to operate. Prof. Parvin advises the use of antiseptic injections, preferably a solution of permanganate of potassium, in the proportion of one drachm of the salt to one pint of water, and used twice a day; for the hemorrhage use tampon and saturated solution of alum, and at the same time cotton root or ergot internally; for pain give opium, and enough to subdue it.

# THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, DECEMBER, 1888.

## "THE MARITIME MEDICAL NEWS."

As medical journalists we take great pleasure in extending a hearty welcome to our new contemporary, which made its first appearance in November, 1888. It is a bi-monthly of twenty-six double columned pages, published at Halifax, N.S., and edited by Drs. D. A. Campbell and Arthur Morrow, of Halifax; T. W. Daniel and L. C. Allison of St. John, and James McLeod, of Charlottetown. In the introductory it presents a just claim to existence by saying that the medical men of the Maritime Provinces have hitherto had no professional journal which they could regard with any lively sense of interest and ownership. Being a transplanted Bluenose ourselves, we personally wish our salt water brethren every success in their venture, hoping that its life may be as hardy as that of their native toilers of the sea.

## SALICYLIC ACID OR SALICYLATES.

In view of the well known danger of causing ulceration and even perforation of the stomach by the internal use of salicylic acid, and considering that all the advantages, and even more, can be obtained by employing the salicylate salts, it is rather surprising to learn from several leading druggists of this city that the acid is still largely prescribed. Many physicians, who

do not order the acid alone, add bicarbonate of soda to their prescriptions, thus rendering it more difficult to prepare, as it is evidently easier to have the chemical reaction take place on a large scale in the laboratory than to effect it in the drug store each time the medicine is required. It is claimed that the acid is less likely to be adulterated than the salts, but this would hardly apply in first class establishments. The other objection which might be raised is that the number of salicylate compounds has very largely increased. In the *Therapeutic Gazette* for November, 1888, there is an exhaustive article on the salicylates by Dr. W. A. Caldwell, of Chicago. The principal salicin compounds are salicylate of sodium, salicylate of ammonium and salicylate of phenol, or, as it is called, salol. This latter salt is especially valuable in typhoid fever, which may readily be believed when we remember the powerful germicide action of both salicylic acid and carbolic acid. In acute rheumatism the preference should be given to salicylate of ammonium, or, as we have been in the habit of doing during the last ten years, adding thirty minims of aromatic spirits of ammonia to each ten-grain dose of the salicylate of soda, a practice which has led us to consider salicylate of soda as an infallible specific for rheumatic fever.

## CANADIANS IN ENGLAND.

Arrangements are almost completed by which there will be unrestricted reciprocity between the medical governing board of England and the Province of Quebec, so that any Quebec graduate may have himself placed on the medical register of England on presentation of his degree or diploma and on payment of a fee of five pounds. Although a considerable number of Canadian graduates have already qualified themselves for practising in England by having taken the diplomas of F. R. C. S., M. R. C. S., L. R. C. P., etc., there are many others who cannot afford either the time or the money in order



to render themselves eligible for holding appointments in England or on British ships by taking one or more qualifications. In cases where mail steamers happen to be carrying British troops the surgeon on the steamer, if registered, is entitled to draw pay as an army officer, which, however, he cannot do if unregistered. By the majority of Quebec graduates, therefore, many of whom desire to spend a year at sea, the new arrangement will be hailed with satisfaction. It is true that in return for this privilege the Province of Quebec will be thrown open to the immense overflow current from the English schools and this feature of the arrangement is viewed with alarm by several, who, seeing the deplorable straits to which the profession in England is being reduced by overcrowding will be loathe to witness the same state of affairs prevailing here. In reply to this objection it may be said that the best men from the higher ranks are doing too well to think of leaving home, while the rank and file are for the most part handicapped by their habits of life that they will have no chance of survival if they were brought into competition with the Canadian practitioner. In any case, it appears that heretofore British practitioners have been allowed to practice in Canada without any reciprocity, so that it is said by those who have the matter in hand that by these arrangements we will be obtaining a privilege hitherto denied us, without giving any more than we have been already giving for nothing. Those Canadian graduates who have established themselves in England, and we are personally acquainted with several, have done remarkably well, but the number permanently removing to England is never likely to be large, for the simple reason that the struggle for existence there is much keener than in Canada. On the other hand none but the first class English graduates would have any chance of surviving in Canada, and those are the very ones whom it would not pay to come out here, for when

they do succeed in England their success is greater than it could be here.

In both countries the profession is overcrowded at the bottom, while at the top there is more room in England owing to its greater wealth. In Canada there are very few very rich or very poor.

On the whole, therefore, we may say that while the granting of the same privileges to Canadian graduates as are already granted to English ones is only a matter of justice too long denied, still we doubt whether it will lead to a much larger exchange of medical men in the future than has existed in the past.

### IS THE CORSET INJURIOUS ?

There must be few, indeed, of our readers who would have any difficulty in coming to a conclusion on the above question, and yet only a few months ago a Cambridge professor of medicine, and one of the leading lady physicians of England, surprised the medical world by reading a paper showing that they were not only not injurious, but that tight lacing was positively advantageous when used in moderation. We have not this paper before us, so cannot say where they draw the line of moderation at ; but a Southern lay contemporary, in summing up the evidence, tells its readers that 'as long as the maid stops pulling on the lace as soon as the lady begins to squeal there is no harm done.' How erroneous this conclusion is has been ably shown by Dr. George F. Scradby, in the *N. Y. Medical Record*, 17th Nov., in an exhaustive article, from which we will take the liberty of quoting the following list of ills which the corset brings with it :

- Local inflammation of the liver.
- Gall-stones and biliary colic.
- Wandering liver.
- Protuberant abdomen and enteroptosis.
- Prolapse and flexions of the womb.
- Lateral curvatures of the spine.
- Anæmia, chlorosis.
- Dyspepsia.

Diminished lung capacity and oxygen starvation.

Intercostal neuralgia.

Weak eyes.

Bright's disease.

Any serious student of physiology, who comprehends the uses and beautiful working of all the parts of the human mechanism, has no difficulty in understanding the relation of tight lacing to the above diseases. He will see that pressure on the bile ducts will cause retention of bile and deposit of gall stones. He will understand that the addition of many pounds of squeezing pressure to the weight of the abdominal contents will at last tire out and break down the delicate muscles and other tissues forming the pelvic floor, thus leading to displacement of the womb. Can the thirty feet of intestine perform its peristaltic action freely when squeezed tight within the abdominal sac? Hence constipation, with its attendant defective nutrition, dyspepsia, anæmia, chlorosis. Can the venous blood return through its valveless veins, when thus impeded, from the ovaries and kidneys. But, above all, the movements of the diaphragm, although not absolutely essential for breathing, which may be partially carried on by the thoracic walls, cannot be dispensed with as far as are concerned its functions as a great lymph pump, which, by its constant rising and falling, urges on the flow, not only of the portal circulation, but also helps upward the current of nutrient lymph from the mesenteric glands. But after all, poor woman only tries to fill the want which man desires, and as long as short-sighted men continue to admire and marry thin-waisted women so long will the corsets continue to be worn. But let men understand that a thin waist means a sickly, and consequently costly wife, and let them consider the breathing capacity and a big waist as prominent attractions, women will not be long in discarding the implement of torture which they have so long and so patiently been accustomed to bear.

## THE RATIONAL TREATMENT OF DISEASE.

We think it an encouraging sign of the times, and one which has given us great pleasure, to read an article in the *New York Medical Journal*, 17th Nov., 1888, by Dr. R. H. Sayre on the treatment of lateral curvature of the spine, not by stays, corsets and other instruments of torture made of iron and steel, the treatment hitherto in vogue, but by the rational employment of gymnastics and other exercises as will build up the defaulting muscles of the back. In a paper which we read before the Canada Medical Association four years ago on displacements of the uterus by means tending to strengthen its supports, we referred in illustration to a case of lateral curvature which had come under our notice in the following terms: "The same want of appreciation of the real trouble has led to the same error of treatment in other branches of surgery. Take lateral curvature of the spine, for instance, a common disease among growing girls at school. This disease, unlike angular curvature, is entirely due to faulty muscular development. Owing to the position of the girl at her desk, the muscles of one side of the spine are not called upon to contract, the work of supporting the spine being transferred to the left arm upon which the weight of her body rests; and, according to an unfailing law of nature by which all muscles atrophy when no longer exercised, the muscles of one side of the spine become weaker and weaker, until they become incapable of counterbalancing the action of the muscles of the opposite side which have not degenerated, and lateral curvature is produced. This atrophy or degeneration is very marked when a blacksmith, whose right arm is proverbially thick and strong, by means of some local or general disease is prevented from using it for several months. Now, I am aware that the usual treatment for lateral curvature is to have the girl fitted with an iron or leather instrument—



I have seen many of them used, but I never saw them cure a case—which is supposed to correct the curvature by taking the place of the weakened muscles. The only effect it has is to atrophy the muscles more and more. I had such a case several years ago—a delicate young girl was brought to me with a complicated iron corset in her hand, and which she refused to wear, preferring deformity or death to the torture which it caused. I told her mother to throw away the machine, take her daughter away from school and go to the country for a few months; to stimulate the defaulting muscles with salt and water frictions, electricity, etc., and give her plenty of fresh air and good food. The result was that she is now as straight as an arrow and a splendid specimen of young womanhood. This, I admit, is not the usual treatment, but I believe it is the rational one, and I hold that gymnastics are better than splints for defaulting muscular action."

Dr. Sayre describes the method he follows in toning up the weak muscles, and as his article is profusely illustrated with photolithographs, it is one of the clearest and most practical essays we have seen for a long while, although it is rather the broad principle which we desire to inculcate—that you cannot strengthen a weak muscle by doing its work for it.

#### NOTICES OF BOOKS.

TREATISE ON THE DISEASES OF WOMEN, for the use of Students and Practitioners. By Alexander J. C. Skene, M.D. With 251 Engravings and 9 Chromo-Lithographs. New York: D. Appleton and Company, 1888.

This work presents a splendid combination of literary ability, special professional knowledge and experience, clearness of style, on the part of the author, and of large clear type, fine glazed paper and elegant illuminations on the part of the publishers.

"It was written," says the preface, "for the purpose of bringing together the fully matured and essential facts in the science and art of

gynecology, so arranged as to meet the requirements of the student of medicine, and be convenient to the practitioner for reference. In the plan adopted, the diseases peculiar to women are, as far as possible, divided into three classes. The first class comprises those which occur between birth and puberty; the second, those between puberty and the menopause; and the third, those which come after the menopause,

Each subject is briefly described, and histories of cases, typical and complicated, are given as illustrative of the disease or injury under consideration, together with the author's method of treatment. The number of illustrative cases given depends upon the practical importance of the subject and the ability to make it more plain by the use of illustrations."

The author has ventured to give his own views and methods pertaining to practical matters, believing that while they may differ to some extent from the general literature of the day, they will be found reliable in practice and may be of interest to the specialist.

MEDICAL DIAGNOSIS. A Manual of Clinical Methods. By J. Graham Brown, M.D., Fellow of the Royal College of Physicians of Edinburgh. Second Edition. Illustrated. New York: E. B. Treat, 771 Broadway, 1888. Price \$2.75.

At the present time it is generally the physicians endeavour to treat disease on rational principles, and to do so with any hope of success it is absolutely necessary for him to be well versed in the various forms of physical and medical diagnosis. To students this book will prove invaluable, for the subject is so treated as to make the perusal of its contents more of a pleasure than otherwise, and such cannot truly be said of many of the ponderous volumes on this so called "dry" subject. The author has endeavored to describe the signs and symptoms of disease and to show what is their value from a diagnostic point of view. If his attempts in this direction should prove successful, it may enable the student to save much valuable time by assisting him in analysing the evidences of disease and then extracting from the whole those signs which are of most value as indicating its nature. We can most heartily recommend it to our readers. It is well bound in cloth and the letter-press is admirable.

A MANUAL OF THE MINOR GYNECOLOGICAL OPERATIONS. By J. Halliday Croom, M.D. F. R. C. P. E., F. R. C. S. E. First American, from the Second Edinburgh, Edition. Revised and Enlarged by Lewis S. McMurry, A. M., M. D. With Numerous Illustrations. Philadelphia: Records, McMullin & Co., Limited, 1888.

We can cordially recommend this little work to students of gynecology, embodying, as it does, the latest methods of treatment in this progressive branch.

PRACTICAL ELECTRO-THERAPEUTICS. By William F. Hutchinson, M.D. Philadelphia: Records, McMullin & Co., Limited, 1888.

The careful perusal of this work has been to us full of pleasure and profit. We cannot do better than quote from the preface, in which the author says:

It has been principally upon the advice of the publishers of this volume, that I have brought together in a book the results of my fifteen years' labor in the special domain of electricity as employed in medicine and surgery.

So many letters have been received at different times from different places inquiring for concise directions how to use electricity for this or that disease, that it seems as if a work containing nothing but such suggestions, all of them the direct outcome of personal experience, would be useful to the general profession; and with such hope alone—to such an end only—the book is written.

As strictly practical in intent, all theories have been avoided, and only such illustrations inserted as present a few instruments of my own device; for both theory and technical terms are uncared for by the busy worker who is only looking for aid from electricity—not for a panacea.

It will be observed that little mention is made of Static Electricity. This is because its use has practically debarred the general practitioner by expense of machines and difficulty of managing them, and because its use in my own hands has not been followed by better results than that of faradism, which is simpler of application and more accessible.

And I believe that the chapters upon electro-

sis at a distance from centres who are anxious to try for themselves the application of electricity by galvanocautery and electrolysis, which they read of in medical journals.

Its low price places it within the reach of the youngest practitioner.

#### PERSONAL.

Surgeon Charles E. Cameron of the Montreal Garrison Artillery has resigned. Dr. Finley succeeds him.

Dr. R. W. Powell, of Ottawa, who was in country during the past summer, has recovered perfectly, and is again busy at work.

Dr. H. W. Wood, of St. John, has been named a Surgeon to the Grand Trunk Railroad, and has charge of the line between Rouses Point and St. Lambert.

Dr. G. B. Rowell, M.R.C.S., Eng., late Prof. of Anatomy in the University of Bishop's College, has located at San Bernardino, California, and entered into partnership with Dr. A. E. Phelan (Bishop's '87). Dr. Rowell is making a specialty of the Eye, Ear and Throat, and Dr. Phelan is attending to general practice.

#### ANNUAL DINNER OF THE MCGILL MEDICAL STUDENTS.

This annual re-union of the Medicos of McGill, and their friends, took place at the Windsor Hotel on the 29th of November, and was a very pleasant gathering. The City Medical Schools were represented by Dr. Hingston, Dean of Victoria, and Dr. F. W. Campbell, Dean of Bishop's, while student representatives were present, and delivered addresses, from Victoria, Bishop's and Laval. The Toronto and Kingston Medical Colleges were also represented. These annual gatherings now replace the old footing dinner, and we believe that the innovation was introduced by the medical students of Bishop's.

#### AMENDE HONORABLE.

By an error in the printing office, which we very much regret, the excellent article and illustration by Dr. Gleason, on Simple Electrical Apparatus, from the *Medical and Surgical Reporter* of Philadelphia, was not duly credited to that excellent journal, which is one of the most welcome of our exchanges.



# The Canada Medical Record

VOL. XVII.

MONTREAL, JANUARY, 1889.

No. 4.

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## Original Communications.

### ON THE TREATMENT OF UTERINE FIBROIDS BY APOSTOLI'S METHOD.

(INTRA-UTERINE ELECTROLYSIS.)

By DR. DELETANG, of Nantes. Read before the Academy of  
Medicine of Paris, 27th November, 1888.

TRANSLATED BY A LAPHORN SMITH.

Since the year 1884, when I attended the clinic of Dr. Apostoli for some time, I have treated by his method ninety-seven cases of uterine fibroids.

Of these patients, seven have received their treatment in whole or in part at the Hotel Dieu of Nantes, and thirty-two have been sent to me by leading practitioners of the district; the rest were from my own private practice.

I followed exactly the rules laid down by Dr. Apostoli, keeping to the letter of the directions which he taught me in 1884; in fact, with the exception of a few isolated cases, I did not go beyond the intensities which he then employed. I used a current of a 100 to 120 milliamperes, sometimes less, the sittings lasted on a average five minutes, and were generally at intervals of four to seven days. I made the greater number of the applications of electricity at my office, as I have already said, thirty-two

of my patients were sent to me by my colleagues whose patients they still remained, and the treatment was followed and inspected by them. The reports which I afterwards received of them were generally furnished by their physicians. The following results, therefore, bear the seal of absolute authenticity.

Of course it is impossible for me to give in full here the reports of these thirty-two cases, which will be reported in another work. I shall content myself with some general conclusions. With regard to these thirty-two cases I wish to draw your attention to three things:

1st. With two exceptions I only treated women in whom the uterine canal was open, so that I employed exclusively intra-uterine electrolysis, without force and without punctures.

2nd. None of my observations relate to cases of fibro-cystic tumor, for I consider that the treatment by electrolysis is powerless in these cases, at least after having tried it in the beginning a great many times for these cases, and not having found any beneficial results, I abandoned the treatment of them by electricity. I think, however, that this view must be modified for very small cysts, which are often situated within large fibroids, and which do not possess a very great tendency to increase.

3rd. Neither do I speak here of those more or less pediculated tumors, which are either subperitoneal or submucous, although I am inclined to think that electrolysis would hasten their enucleation: in fact I have had six cases of polypus being formed after treatment among my patients, a number which it seems to me rather more than is usual in ninety-seven cases.

Dr. Hurteau, Corresponding Member of the Academy of Medicine, Professor of Clinical Surgery at the Nantes Medical School sent me sixteen cases. Dr. Louis Foisson, Assistant Professor of Surgery, sent me two. Dr. Bernandeau, Physician to the Hospital, sent me three. Dr. Menager, three. Dr. Chenantais, Professor of Clinical Surgery, two. Drs. Attinout and Gruget, the one Assistant Surgeon and the other Assistant Physician to the Hospital, sent me each one. Professor Albert Malherbe, two. Dr. P. Jouon, Corresponding Member of the Academy, and Professor in the Nantes Medical College, one, and Dr. Ollive, Assistant Professor of the Nantes Collège, one.

Of the sixteen cases of Dr. Hurteau, ten have been cured—for I consider that we may call cured all those women in whom the morbid phenomena have disappeared, even if there should still remain a small nucleus which does not cause any discomfort. In ten of them there was hæmorrhage, and in all, except one, this was arrested. In five of them three to seven sittings were sufficient to bring about the arrest of the hæmorrhages. In the four others it required more than ten applications to effect this result. In five women who had very large tumors a remarkable segmentation of the mass was observed, this being followed by a reduction in the total volume of the tumor. In two others adherent and immovable fibroids became loosened and shrunkened. Finally, two of the patients received no benefit.

I may remark that in nearly all these cases the hæmorrhage stopped before there was any appreciable diminution in the size

of the tumors. The same may be said regarding the pain, and in fact of all the morbid symptoms, with the exception occasionally of the symptoms of compression.

Of the two patients of Dr. Foisson—in one the metrorrhagia was stopped after eleven sittings, without the tumor having sensibly diminished in volume, while in the other an accident happened which suspended all treatment.

Three patients from Dr. Bernandeau—In the first the pain and phenomena of compression first disappeared, and then the tumor which was of considerable size became segmented, or divided in two; in the second the general condition, which was at first as bad as it could be, began to improve, then after ten sittings the courses became regular, and last of all the tumor became very hard without getting much smaller. In the third case the treatment was not well borne.

In two of Dr. Menagers three cases the tumor became pediculated. In the third the violent pains from which she had been suffering were quickly relieved and the tumor diminished considerably, becoming at the same time firmer in consistence.

In the patients of Drs. Chenanter, Attinout and Gruget the hæmorrhages stopped equally quickly, and the tumors became harder and smaller.

In one of Dr. Malherbes two cases a small adherent fibroid became hard but did not become movable, while in the other an accident, which had nothing to do with electricity, put an end to the treatment.

Finally, Miss S., seen by Dr. Guillnet, found that the flow ceased and the pains were arrested first, and then the tumor decreased in size very markedly. The same may be said of the case of Dr. Ollive.

To resume—The effects of the treatment generally succeed each other in the following order:

1st. The hæmorrhages after temporarily increasing disappear in a greater or less time, sometimes very rapidly. We know



that the frequency of the hæmorrhages is in inverse proportion to the volume of the fibroids.

2nd. The pains and functional troubles improve next; these phenomena are not generally in proportion to the size of the tumor, they relate rather to the existence of an inflammatory and more or less soft zone which surrounds the tumor.

3rd. Finally, the mass diminishes, but in this diminution it is important to distinguish two phases: (a.) The above-mentioned inflammatory zone, after having become temporarily congested, is absorbed; the fibroid becoming thus more freed appears to be smaller and harder, but this diminution is only apparent. This is the period at which we observe the diminution of the pains, the building up of the general condition and the cessation of the hæmorrhages, if they have not already disappeared after the first sittings. The momentary aggravation of all the symptoms which occurs sometimes at the beginning of the treatment depends generally on the congestion of the inflammatory zone. (b.) The fibroid itself at last diminishes; but this effect is far from being constant, and is only produced after the amelioration of the symptoms has been obtained, and provided we continue the treatment long enough.

It will thus be seen that the electrical current has more influence over the products of inflammation surrounding the tumor than it has on the tumor itself. In eight of the total number cited above, very large masses, which appeared at first to be homogeneous, were seen to become separated into a variable number of segments; the explanation being that they were really several fibroids joined by a sort of solder, and which became free again after the melting away of the latter. In two other patients the fibroids, which were adherent to the neighboring parts, became movable for the same reason.

From the consideration, not only of the above remarks, but of other observations as

well, which I have made in my practice, I am inclined to attribute great importance to the development of metritis around the tumor, which latter I consider as indifferent when stripped of all inflammatory zone. From a clinical point of view we are thus led to distinguish two classes of these productions—the first tolerant, not having brought on inflammation around it and often not causing any inconvenience; the second intolerant, surrounded with an inflammatory one and making their presence known by a lot of symptoms—but is not this just what happens in many other diseases?

Sometimes, though rarely, the treatment is followed at the end of several months by an atresia of some part of the cervical canal, or even of the uterine cavity. This narrowing yields easily to gradual dilatation and is of no importance. It is, however, advisable to warn the patients of the possibility of such a thing occurring, and to make them promise to consult their physician if menstruation should become painful.

So much for the ulterior results of intra-uterine electrolysis. During the seance itself the following local phenomena may be observed. (a.) At the beginning, during what may be called the period of ascension, or gradual increase of the current, we sometimes see a contraction *en masse* of the tumors and uterus, which is quite perceptible to the hand. This phenomenon showed itself with the greatest clearness in three of my patients, and it appeared at each sitting. (b.) We shall then find that there is a congestion of all the organs which increase manifestly in volume. The neck of the uterus is turgescient. This congestion is almost constant and lasts generally several hours. It is generally accompanied by colic, which is evidently due to slow and partial contractions of the uterus, which, however, are not perceptible to the hand. (c.) At the end of the sitting, during the period of diminution of the current, I have sometimes noticed a contraction resembling somewhat that of

the beginning, but not so strong. We have now seen the principal immediate and remote phenomena resulting from intra-uterine electrolysis.

A few physical considerations would, I think, easily show that these results are only what we might expect from the passage through these organs, but this would take up too much of your time. It is, however, possible to explain in a few words the two principal actions of the galvanic current; its hemostatic effects, and the effect of bringing about resolution of circum-uterine inflammation at first and afterwards the diminution of the fibroid. When a current of sufficient energy passes through living tissues several phenomena are produced of which the principal are the following;

1st. In the very interior of the tissues a decomposition and successive recombination of each molecule leading to a flow of acid elements to the positive pole. This chemical action, which is perhaps the base of the resorptive power of the current, which perhaps constitutes of itself the somewhat hypothetical assemblage of phenomena, which remark gathered together under the name of catalytic action, is less energetic in the depth of the fibroid, a tissue which is more resisting, electrically speaking, than the surrounding tissues engorged with conduction fluid, and consequently offering a much less resistance.

2nd. A secondary action of the positive pole—the production of a hard and dry scab in the uterine cavity, and afterwards of a cicatricial tissue which is not permeable and which is retracting and consequently producing a hemostatic effect, which is often very prompt.

I ought to bring these considerations to a close here, but a few remarks naturally occur to my mind.

The caustic and electrolytic effects increase with the strength of the current. Is that the case with the curative effects; at what dose does the current cease to be curative and begin to be dangerous for the

patient, either by producing too *deep eschars*, or by causing in the depths of the tissues too violent changes, *evincing* themselves by inflammation? I am not in a position to decide this question; I have nearly always made use of currents in the neighborhood of 100 or 120 milliamperes, the results having been favorable with this dose I did not think it advisable to exceed it, except in a few rebellious cases. Of one thing I am certain, that is, that with a moderate intensity, and on condition that the antiseptic precautions so much insisted upon by Dr. Apostoli are rigorously carried out, the treatment of uterine fibroids by intra-uterine electrolysis, performed without force, is absolutely without danger. In about 1,100 sittings, of electrolysis, performed on 97 patients, I have only one single accident to record—a serious menace of phlegmon in one of the patients of Dr. Foisson; but it is only right to say that this patient went out immediately after the third application against my express orders, and dragged herself with difficulty through the snow a considerable distance to her home.

Individual tolerance is, however, the safest barometer to indicate the strength, and, as Apostoli recommends, we must always commence with feeble doses before attaining the maximum which we wish to reach, and especially we must not be too daring. As for the questions relating to the duration of the treatment, the number of applications and the interval which should elapse between them, the cases differ so greatly from each other that it is impossible to lay down any precise rule. As a rule the treatment should be long, lasting several months; the applications being made about twice a week. Sometimes the improvement is much more perceptible after the treatment is over than during the course of it.

One more observation and I shall close—As long as there is a noticeable swelling of the tumor at the time of menstruating the patient is not cured, and we may expect



further hæmorrhages. I generally stop the treatment when one or two periods have been passed without normal congestion, and when I have reason to believe that the tumor has become merely a well-tolerated foreign body.

## Correspondence.

### BERLIN LETTER.

(From our own Correspondent.)

Editors CANADA MEDICAL RECORD,

SIRS:—Nearly a year ago, when I was in New York, I promised to write my impressions of medical Berlin, more particularly with reference to the comparison sometimes made between that city and other teaching centres, with especial consideration of their relative merits as regards practical medicine and surgery.

I ought, it now appears to me, to have limited this promise of mine to those studies in which I am myself more particularly interested and of which I know most, viz.: those of the special senses. To begin with, it is almost essential, especially in Berlin, that one should have a "working" knowledge of German. Lectures are all given in German and so, too, is most of the instruction. A minority of the instructors speak English well and perhaps as many more speak it in a halting sort of way. Again, in intercourse with patients, if one wishes to make his own inquiries, which is usually desirable, one must have had practice in the common German of the district. To any one thinking of studying in Berlin I would say—learn as much of the grammar as possible before coming, and translate some short German text book or text books upon the subject or subjects intended to be studied here. Then, on arrival, seek-out some *pension* or rooms "where no English congregate" and as much as possible associate with Germans. Do not try too many courses at first but devote most of the time

to the acquirement of a fairly substantial familiarity with the devious ways of the German tongue. I think it is only fair for me to say that those who have been led to expect that they will speak fluently or even correctly in a few months or so, will be surely doomed to disappointment. Fortunately, the one thing which it is desirable to retain upon one's return home is the ability to read and translate German literature, periodical and other, with some approach to ease. That power can be much more easily acquired and for an indefinite time retained, if one will only keep up his reading regularly. The subsequent retention of the power of German speech naturally depends upon continual practice, a condition of things not often attainable in purely English communities.

The advantages presented here for study of diseases of the *eye* are, so far as I can learn, unsurpassed by those of any other city in the world, with perhaps the single exception of London. Schweigger lectures and operates daily at noon in the Königl Augen-klinik during the University semesters. He it is who gives the ordinary University semester lectures to students; and immediately after the lecture the operations take place which every practitioner is welcome to see. Prof. Schweigger is very courteous to strangers and takes pains to reply, in excellent English, to any question put to him. In the same klinik Drs. Salix and Horstmann give occasional monthly courses, those of the former being especially good. Hirschberg, whose name is perhaps better known in America than any other Berlin eye surgeon, gives admirable courses, and although he impresses the new-comer as being an adept at "blowing his own trumpet," I consider him to be a truly scientific man and a good teacher. Those who are not effected to any extent by the personal qualities of a teacher will do well to visit his klinik on Karlstrasse. Prof. Hirschberg, unlike his two *confrères*, not only gives a regular semester course but also lectures

during the spring and autumn Ferien or vacation terms. These admirable courses, intended for practicing physicians, begin at the end of each semester, *i. e.* in April and October, and last from a month to six weeks. They are commonly given upon all the branches of medicine and surgery by the Docents of the University, and often by the first assistant of the chief of a klinik, some of whom excel their superiors in their methods of treating their subjects. The third eye klinik, Prof. Schölers, is well-known to Canadian students of ophthalmology. The Professor himself speaks no English, but he is cordiality itself, and so every American especially finds a hearty welcome at No. 2 Karlstrasse; is invited to make himself at home; is shown the cases (120 to 150 patients a day), and when he has acquired, or if he already possesses, a moderate knowledge of ophthalmology and German, is permitted to assist in doing the preliminary examinations of patients for Prof. Schöler. Dr. Uthoff, the first assistant, is a fitting complement to such an amiable chief. He speaks English, and goes out of his way to instruct and assist students, and is unremitting in his attention to strangers. Prof. Schöler gives an admirable semester—November to March and May to October—operative courses on the surgery of the eye, operations being performed by the students, first upon eyes in the mask and finally upon living rabbits' eyes. I cannot speak as favorably of Berlin as a place for studying diseases of the nose and ear. Dr. Arthur Hartmann's private klinik, where monthly courses are given nearly the year round, is, so far as I can learn, not to be surpassed, even in Vienna, for the acquirement by post-graduates of a practical knowledge of otology and rhinology. Dr. Hartmann is best known as the author of a scientific method (*Hörprüfung mit Stimmgabeln verschiedener Tonhöhe*) for the tuning-fork examination of the hearing powers of the patient, corresponding to the examination commonly made of the perceptive qualities

of the retina (field of vision) in diseases of the eye—the *Gedichtsfeldscheme* of the Germans. In this similar way a picture of the hearing faculty is drawn, without which a definite diagnosis of certain obscure ear affections is often difficult or impossible. Unfortunately, however, the number of students capable of being accommodated in Hartmann's klinik is too small for the growing demands for this advanced and practical kind of instruction required by post-graduate students, and outside of this particular klinik there remains, so far as I can learn, nothing equal to the various kliniks in Vienna—of Polizèr, Grüber, Urbonschtsch, etc. Dr. Hartmann speaks admirable English (and I might add French and Italian) and is conversant with the writings of English otologists.

I had an opportunity of becoming acquainted, also with Dr. Hartmann's assistant, Dr. Cholewe, an accomplished and original thinker and an able assistant of his brilliant chief. For the ordinary student the Königliche Ohrenklinik under Prof. Lucae, where the regular semester courses are given, and where, during the spring and autumn Ferien, Dr. Docent Jacobson lectures, the beginner has admirable opportunities to acquire preliminary knowledge. Some friends of mine speak highly of Dr. B. Baginsky's courses on the ear, but as he also superintends a throat klinik I was not much impressed by the opportunities there.

Regarding diseases of the throat it may be said, in a word, that there are several courses in Berlin suited to all the requirements both of the tyro and the advanced student. I presume that the palm in otology and laryngology may be awarded to Vienna, but judging from the recent and numerous reports of the over-crowding and the "stock-watering" of the seats in these and other kliniks of the Kaiserstadt I am afraid that the teaching sceptre is slipping from the grasp of the *Allgemeines Krankenhaus*. I know quite a large number of students



who have told me that after a trial of the throat courses in Vienna, Berlin and London they consider it waste time to wait, as they would have had to wait, two, three or four months for a seat in the favorite kliniks of Schnitzler or Chiari. Here Prof. Fränkel's regular semester course costs about as much as one month with Schnitzler, and as far as I can learn is quite equal to it, so far as present opportunities go. To come back to Berlin—Prof. Krause's monthly private courses are better adapted to advanced students who are also familiar with German. Prof. Fraukel speaks only German and French, but his two assistants—Drs. Rosenberg and Schienmann—especially the former, speak English. Prof. Krause also speaks admirable English. Although with the exception, perhaps, of an excellent semester course on the physiology of the eye, by Dr. Hans Virchow, at the *Thierarztzeischule*, there are no special courses to be had here on the pathology and physiology of the organs of the special senses, yet the general courses (including these subjects) to be had here are excellent, as for example the renowned lectures in pathology by Prof. Virchow in the Charite, and the practical physiological and histological courses by Du Bois Raymond, Feitsch and others in the Physiological Institute. Moreover, private arrangements can always be made to confine one's studies to any special channel in any of the above laboratories or institutes here. As of old, the disadvantage compared with Vienna from which Berlin in common with London and New York suffers is that the kliniks are scattered over a rather wide area—are not convenient in fact—while as is well-known, in the Austrian metropolis they are, almost without exception, confined within the walls of the large general hospital. Decided advantages possessed by Berlin over Vienna, however, are that the summer is usually agreeably cooler; living is comparatively cheaper—about one-third—and the courses are less crowded than they are in Vienna, and finally, to those

who are effected by that sort of thing, it is perhaps a consideration to live in an energetic, progressive, clean, woman-respecting city like the German capital, as opposed to associating with the retrograde, immoral and frivolous race mixture that composes the population and that shapes the destiny of Vienna. I shall shortly go up to the Austrian capital to spend several months there in study, and I promise to write and apologize for the last comparison of mine, if I find that the impressions gained during my brief visit there two years ago, and deepened by intercourse with friends who have lived there since, are not confirmed by this subsequent experience.

What I have said about the relative merits of Berlin and Vienna as regards teaching in the department of the special senses applies generally to the other branches of our profession. The work is less concentrated, less convenient and more difficult to locate (if I may use the word) than in Vienna, and possibly the hours are not so well arranged as in the latter centre, but I do not think any one coming here will experience any difficulty in finding plenty of opportunities to employ his time in whatever study he may elect.

I would not have ventured to refer to the thread-bare story of Sir Morell Mackenzie and his German experiences, if I had not just read an article in the RECORD which, to my mind, is extremely misleading, although it re-echoes the opinion of a number of English people to whom I have spoken about the matter. I have read both "*Die Krankheit Kaiser Friedrich III.*," the official declaration of Professors Bergmann, Gerhardt, Wegener, etc., the German doctors in attendance, and "*Friedrich der Edle und seine Aertzer*," Dr. Mackenzie's reply, and as the one thing discussed among my German teachers and the Anglo-American colony for months was this world-renowned quarrel, I am in a fairly good position to know something about the subject. I wish to defend Dr. Mackenzie and the family of

the late Emperor from the imputation that they together entered into, a sort of conspiracy to defraud the German royal exchequer of several hundred thousand dollars per annum and the Prussian monarchy of a throne. As prelude I may say that, as it happens, the law of succession spoken of in your editorial refers to incurable *mental* diseases and not to cancer.

No; the only explanation to be entertained is the one which Sir Morell himself gives, viz.: that he was mistaken in his diagnosis, or, what amounts practically to the same thing, that he failed to make any diagnosis. He maintains this plea throughout the whole of his long report and, in the absence of other evidence to the contrary we are, it strikes me, bound to believe him. To entertain any other view is to insult the family of the dead Prince as well as Sir Morell himself. It is said, on pretty good authority, that had the late Kaiser known in the early days of the disease that he had cancer he would probably have not permitted an operation in view of the extremely doubtful result. Again, your editorial to the contrary, the present Kaiser did not give Sir Morell "a speedy dismissal" on the Emperor Frederick's death; on the contrary he requested him, as Mackenzie himself tells us, to remain behind for several days until after the autopsy, a detention for which the English doctor charged and received, according to the Berlin papers, more than a thousand marks a day. That Sir Morell Mackenzie's *conduct of the late Emperor's case* is strongly disapproved of by an influential section of the profession in England is well-known, and is seen, among other indications, in the recent resignation of the secretary and some of the principal members of the newly constituted British Laryngological Society, of which he is president. I also hear that he has been obliged to resign from the Royal College of Physicians. The publication in the *British Medical Journal* of a *fac-simile* of the Emperor's note, in which a reference derog-

atory to Prof. von Bergmann is made, is said, the editor's statement to the contrary notwithstanding, to have been made with Dr. Mackenzie's knowledge and approval. An investigation by the council of the British Medical Association into the matter will shortly take place. I am anxious to assist in clearing the family of the Kaiser Friedrich from the imputation of being privy to a conspiracy, because, in my humble opinion, among all the male figures that surrounded his person during the last year of his life, his was the one that stands pre-eminent, claims our attention, and demands our respect. On the one hand we see the group of German doctors who, although disagreeing in diagnosis and treatment with the physician in charge, yet for reasons doubtless sufficient for *them* continued to attend the sick man, and on the other, the English physician with his small band of followers leading a forlorn hope, putting always the best side of the case to front; refusing until the last to see any but favorable symptoms, and ever hoping against hope; as a result we have had the bickerings, the jealousies and the recriminations which have done not a little to bring our profession into disrepute. In this case we seem to be reminded of the doctors' squabbles so well portrayed in the last of Hogarth's pictures of "*Marriage à la mode*." As a contrast to these petty side scenes it is a relief to turn to the contemplation of the patient himself, a man *integer vite*, firm of purpose, thoughtful for others in the very face of death which he met with a calmness befitting his reputation for bravery and nobility of character.

C. A. W.

Berlin, December 6th, 1888.

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An enema of a strong infusion of green tea has acted antidotally in a case of opium poisoning.

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When the muscles of the orbit are paralyzed, without any apparent local trouble in the eye or brain, rheumatism will be the most likely cause, or else some lesion of the spinal cord.



## Progress of Science.

Pain at the tip of the shoulder, so frequently sympathetic of peptic disease, is also present in cases of disease of the pancreas. The other symptoms include a deep aching pain below the centre of the epigastrium, radiating through to the back, chest-walls, and left lumbar region.

### CREOLIN IN GONORRHOEA.

Gonorrhœa, which has resisted other treatment, has frequently yielded in Dr. Margaretti's practice to irrigations, twice daily, with a solution of creolin of the strength of 5 to 8 per cent. administered through a hollow sound.—*Lancet*.

### TINCTURE OF IRON.

A convenient method of prescribing tincture of iron in a mixture that is not inky, is the following: R. Tinct. ferri chloridi, f 3ij; potass. citrat., 3ij; tinct. gentian. comp.; elixir. simplicis, aa f 3ij. M. Sig.—Two teaspoonsfuls in water after meals.—*Coll. and Clin. Record*.

### TALIPES AND SPINA BIFIDA

*Talipes calcaneus* in infants is commonly found associated with spina bifida. When the foot is drawn up permanently towards the forepart of the leg, with great prominence of the heel, a tumor constituting spina bifida may be looked for in the lumbar spine. Club-foot is also frequently thus associated.—*Medical World*.

The hysterical paralysis of the bladder, which is not infrequently met with in young females, generally yields to the administration of ergot and strychnine; say half a drachm of liquid extract and five or six minims of liquor strychnie (P.B.) in chloroform water, three times a day. Of course the catheter is sometimes, but not always, required.—*Medical World*.

### FOR BACCHANALIANS.

Half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated. A wine-glassful of strong vinegar will have same effect, and is frequently resorted to by drunken soldiers to enable them to return steadily to their barracks.—*Medical World*.

### INFANTILE PARALYSIS.

A case of infantile paralysis, with this history: At fifteen months of age had an attack of hemi-

plegia, with more or less restoration; no electric sensibility; marked diminution of electro-contractility. Professor Bartholow prescribed the combined action of galvanic and faradic currents; internally, hypophosphites and cod liver oil, and hypodermatic injections of strychnine into the muscles.—*Coll. and Clin. Record*.

### SALICYLATE OF SODA IN PRURITUS.

After having tried arsenic, bromide of potassium, atropine, sulphur baths, alkalies, emollients, etc., without any results in a case of pruritus, M. Icard caused the symptoms, which had continued for eight or nine months, to disappear upon the day after the use of the salicylate of soda, three grammes a day. There is still no return of the trouble.—*La Gazette Médicale*.

### FOR VOMITING OF PREGNANCY.

(BLUMENSAUDT.)

R.—Cocaine hydrochlorat.....gr. iv.  
Tinct. anisi,  
Spts. menth .....aa 5ijss.  
Syr. cinnamoni.....3j  
Aquæ tilie.....3ivss.—M.  
Sig.—Dessertspoonful every hour or so.

—*La Gazette Médicale*.

### COCAINE IN DENTITION.

M. Viguier has proposed the following to relieve the pain which children suffer when cutting their teeth, especially the canine teeth:

R.—Cocaine hydrochlorat.....gr. 2.  
Syrup simp .....3 24.  
Tinct. saffron .....gtt 10.—M.

Sig.—Rub the painful parts of the gums many times a day.—*La Clinique*.—*La Gazette Méd.*

### SOLUTION OF SACCHARATE OF LIME FOR BURNS.

This solution gives excellent results in burns produced by fire or acids. It is prepared by grinding together five parts of slaked lime with ten parts of sugar, and then shaking it with one hundred parts of water, and filtering after twenty-four hours.—*Pharm. Centrahalle*.—*Journal de Méd.*

### ACTION OF IODIDE AND BROMIDE OF POTASSIUM UPON MORPHINE.

(DR. H. KUNZ.)

After numerous experiments, performed for the purpose of determining the identity of the hydriodate and hydrobromate of morphine, the author arrives at the following conclusions:

1. It is necessary, as well as possible, to avoid

using in prescriptions the iodide and bromide of potassium in combination with a salt of morphine; or when they are so used to prevent, by the addition of an alcoholic liquid, the formation of a precipitate.

2. Prescriptions containing these salts ought always be labelled "shake before taking."—*Journal de Médecine*.

### TEMPERATURE IN JAUNDICE.

In case of jaundice, the bodily temperature is abnormally low, except in those instances where jaundice is occasioned or accompanied by a disease which of necessity begets fever. When the liver is performing its functions naturally, much heat must necessarily be generated by the rapid chemical changes involved in its work; but when these changes are lessened or held in abeyance, as occurs in jaundice, the temperature would fall, and no doubt affect the whole system in like manner.—*Medical World*.

### BONES OF THE INSANE.

In many cases of insanity, the osseous structures undergo certain pathological changes, which render them peculiarly liable to fracture on the application of very moderate force—a degree of force in no way commensurate with the effects produced. This condition especially affects the ribs; the attendants on lunatics are open to charges of unnecessary violence, when the patients may have received their injuries through the unnatural brittleness of their own bones—a condition known as *osteomalacia*.—*Medical World*.

### INCOMPATIBLE ANTISEPTICS.

The *Journal de Médecine de Paris* points out the incompatibility of the following commonly prescribed substances:

- Corrosive sublimate and iodine.
- Corrosive sublimate and soap.
- Phenic acid and iodine.
- Phenic acid and permanganate of potassium.
- Iodine and soap.
- Salicylic acid and soap.
- Salicylic acid and permanganate of potassium.
- Oil, soap, or glycerin, and permanganate of potassium.

### COCAINE IN QUINSY.

The British Medical Journal of May 19, 1888, contains an article by Dr. de Havilland Hall in the treatment of acute tonsillitis by cocaine. He reports several cases in which the disease had been cut short by the free application to the fauces of a twenty per cent. solution of cocaine, and believes that the drug acts by diminishing the sensibility so that deglutition can take place

without pain, and also by diminishing the local congestion so that the inflammatory process is arrested. It would appear that cocaine is more active after the throat has been cleansed by a solution of bicarbonate of soda.—*Sacramento Medical Times*.

### TO PREVENT FEET SWEATING AND SWELLING.

In the German army the soldiers are furnished with a powder called *Fuszetreupulver*, foot powder, which they are instructed to sift inside and outside their socks and the use of which effectually prevents sore feet by keeping them dry and free from chafes. Those classes who are constantly on their feet should make a note of this. The powder consists of 3 parts salicylic acid, 10 parts starch and 87 parts finely powdered soapstone.—*American Druggist*.

### THE CONSTANT CURRENT IN EPILEPSY.

Dr. Niemeyer has obtained some successful results in epilepsy, by combining the employment of the constant current to the brain in combination with the internal use of small doses of bromide of potassium. The anode was moved about over the forehead, the cathode being held in the hand; or the anode was fixed on the nape of the neck, while the cathode was moved over the forehead, or applied immovably over the gyri centrales of both sides. The treatment was carried out for ten months, the result being that one patient had no attack for two years and three months; another, who had previously had an attack about every month, had, after treatment, only two fits in twenty-five months; and a third patient, who had been in the habit of having three or four fits a day, remained free for seven weeks.—*Lancet*, October 13, 1888.

### THE TREATMENT OF CARBUNCLES AND BOILS.

According to Eade (*Lancet*), carbuncles can be cut short at almost any stage of their course. When they begin as pimples, continuous soaking with a solution of a mild antiseptic, such as boric acid, or salicylic acid, will almost certainly destroy them. At a little later period they may be aborted by thrusting freely into their central or cribriform openings a strong solution of carbolic acid in water or glycerin. When they become large and solid they must be partially or entirely excised or else incised and the boggy material scraped away. If surgical proceedings are refused, the continuous application of carbolic solutions in oil or glycerin, with or without poulticing, will do much to improve their con-



dition. Boils may be treated on the same principle, but the heroic surgical procedure is not necessary.

### TEREBENE IN BRONCHORRHOEA.

Martin has obtained in bronchorrhœa excellent results from terebene. He mentions one particularly aggravated case of long standing, in which it was given in a mixture containing ℥x of gum terebene, ℥x of spirits of chloroform, ʒj of mucilage of tragacanth, ʒss of syrup, water to ʒj. This proved most palatable to the patient. Four doses and sometimes five, were given in the course of twenty-four hours. The effect upon the bronchial secretion was immediate, and steadily maintained. The heart also seemed to respond to the stimulant nature of the drug, and its effect upon the atonic and flatulent condition of the bowels and stomach was remarkable. The tongue cleaned, the appetite increased, digest on became comfortable, with consequent increase in general strength. No nerve symptoms were noticed, as was the case when brandy or whiskey was given. From the day the terebene was ordered there was a steady improvement of a most marked character.—*Medical Press*, Aug. 29, 1888.

### "KNEE-JERK."

"Knee-jerk" is the most familiar and most demonstrable of the tendon reflexes. It is easily tested by hanging the leg of the patient over the fore-arm of the physician, whose hand is meanwhile placed on the patient's other knee. The leg should then be struck smartly with the edge of the hand (or with a percussion hammer), upon the bare skin. Reflex contraction of the quadriceps extensor muscle will be excited, and the foot will be involuntarily jerked upward. The manœuvre should be tested on both legs, as a perceptible difference between the two sides may indicate some pathological condition of the spinal cord. The absence of knee-jerk, however, is no positive sign of disease. Reflex movements may be excited in any sensitive part of the body, as the sole, the thigh, the buttock, the scapula, or the abdomen. Foot-clonus, personal reflex, and tendo-achilles reflex are examples of deep tendon reflexes. "Knee-jerk" has been a common source of amusement among young people for years.—*Medical World*.

### TREATMENT OF SWEATING OF HANDS AND FEET.

Unna recommends for this affection, when the parts are cold, that before the patient goes to bed he should bathe the affected parts with hot water, to which has been added some irritating substance, such as camphor, mustard or vinegar. Then, after drying, the part should be

enveloped in an ointment which will cause hyperæmia, such as one of turpentine and ichthyol, each five parts, to oxide of zinc ointment, ten grammes. In the morning the ointment is to be washed off and the parts are to be rubbed with ice-cold water, the friction being continued till hyperæmia and warmth of the skin are induced; then the skin is to be powdered with a powder containing mustard flour. If the feet are affected the stocking should be powdered before they are put on. Where the parts are warm, the hot and cold baths are to be omitted and ichthyol is to be used; lukewarm baths in the evening, followed by two and a half per cent. ichthyol ointment, washing off with lukewarm water and ichthyol soap in the morning and leaving on some of the dry soap-suds, is the method of treatment.—*New York Med. Journal*, Nov. 17, 1888.

### ANGIOMA OF THE FOREHEAD.

The *Revista de Ciencias Medicas*, of Havana, contains an account of a case of angioma of the forehead which was successfully treated by electrolysis. The patient, who was under the care of Dr. Raimundo Menocal, was a little girl, aged two years. The tumor, which was of the size of a large filbert, was smooth and soft; it was of violet color, and could be reduced by steady pressure. It had appeared soon after birth, and was growing gradually larger. Elastic compression had been tried without result. On August 6th, Dr. Menocal applied electrolysis, introducing the needles in various parts of the tumor, but always with the points toward the centre of the mass. The application, which was continued for three minutes at a time, was repeated every three days. The tumor was somewhat diminished in size after the first sitting; at the fourth, eschars were observed about the negative pole, which were thrown off a few days later. This was followed by a little suppuration, but there was no hæmorrhage. At the date of the report no trace of the tumor remained except a few tiny scars.—*British Medical Journal*.

### SAVING OF THE PERINÆUM.

Dr. Lusk has placed himself upon record (*Am. Jl. Obstet.*, Aug., 1888) as holding that laceration of the perinæum during labor is, with a healthy vulva, never inevitable but *always* to be avoided. He lays great stress upon a slow descent of the head. By preventing the head from coming out quickly the parts will slowly dilate and relaxation is gradually accomplished. This accords with the writer's experience. Cases of rupture occur mostly in primiparæ and quite commonly as the result of the use of forceps. It is in this class of patients that there is the greatest temptation and the greatest stress brought to bear upon physicians to resort to in-

strumental aid. The result is very often a tear of the imperfectly relaxed tissues. The impatience then of physicians in first labors is to be deprecated. It may be brilliant and it certainly will enhance the Doctor's reputation and the gratitude of the patient who is experiencing for the first time the terrible throes of childbirth, to be able to give her quick relief, but the practice often comes under the head of "meddlesome midwifery." It is astonishing how much stretching the perinaeum will bear. It seems sometimes as though the attenuated tissues would certainly yield the next moment before the enormous pressure of the on-coming head, but wait a little and it passes without injury to the soft parts. The old-fashioned support of the perinaeum which is so much decried by modern obstetricians may be of use, then, in two ways; 1, by delaying the descent of the head, permitting the more thorough stretching and relaxation of the issues, 2, by keeping keeping the occiput well against the symphysis pubis and away as much as possible from the point of danger.—*Maryland Medical Journal*.

#### THE PUPIL AS A GUIDE IN THE ADMINISTRATION OF CHLOROFORM.

The *Medical Record* has the following:—

As a result of experiments upon animals and of observations made upon man, Dr. H. I. Neilson formulates the following conclusions:

1. The first effect of chloroform narcosis on the pupils consists in a dilatation which varies in intensity and duration in different individuals. As the anesthesia becomes more profound, the pupils then begin to contract, and finally become very small and immovable. If now the chloroform is pushed still further, a sudden dilatation occurs, which is the result of asphyxia, from which the patient seldom recovers.

2. As long as the pupil is observed to dilate in response to sensory stimuli, such as pinching the skin, the anesthesia is not yet sufficient to allow the commencement of the operation.

3. As soon as the pupil becomes strongly contracted and immovable, the administration of the anesthetic must be suspended until a commencing dilatation is observed, and the patient must be held at just this point as long as the operation continues.

4. Vomiting causes a dilatation similar to that occurring as the patient emerges from the narcotic condition, but it is usually more sudden in the former case. In experiments upon dogs it was found that the contraction of the pupils did not begin until the blood pressure was somewhat reduced, and that the dilatation proceeded *pari passu* with the increase in the blood pressure. The author regards the appearance of the pupil as a very reliable guide for the adminis-

tration of the chloroform, as by it he is enabled to judge accurately concerning the condition of the patient.—*La Riforma Medica*.

#### INFLUENZA.

This malady, known in France as the *grippe*, is just now epidemic in London, and possibly elsewhere in the British Isles. It is quite distinct from the ordinary "cold in the head," to which it stands in much the same relation as cholera does to summer diarrhoea. It is not, strictly speaking, infectious, although it occurs in epidemic form. The victims are stricken down simultaneously, often by hundreds and even thousands. The first great epidemic occurred as far back as 1580, and spread all over Europe. Since that time epidemics have broken out at irregular intervals, differing only in extent from their mediæval predecessors.

The most marked feature of this really redoubtable, though not necessarily fatal, malady is the intensity of the nervous phenomena, and the prostration which it leaves behind. It is related that some years since the entire crew of a man-of-war cruising in the Channel were incapacitated within a few hours to such an extent, and with such impartiality, that the vessel had to hoist signals of distress and obtain assistance to navigate it. When it invades a town, the disease does not, as with infectious maladies, start from a limited area, but conquers the whole population at one fell swoop. The rapidity with which it travels is also remarkable. The epidemic of 1847 in one month skipped from Spain to Newfoundland, and even from New Zealand to Valparaiso, Syria, Africa, and even to Hong Kong. It usually travels from east to west, but does not appear to obey any general law, and although in some instance outbreaks have seemed to be consequent on sudden changes of temperature, they have supervened in all seasons and in all climates.

Apart from the ordinary symptoms of catarrh, respiration is often extremely embarrassed, and sometimes death results from positive "paralysis of the lungs." This interference with the pulmonary function may perhaps explain the prostration which persists long after the principal symptoms have disappeared, and incapacitates the sufferer from work for a period of time varying from one to three weeks. It is comparatively rare in England in its aggravated form, and therefore often gives rise to unnecessary alarm.—*Medical Press*, October 24, 1888.

#### TUBERCULAR PERITONITIS.

The *Archiv für Klinische Chirurgie* publishes a paper by Dr. Kümmel, of Hamburg, on peritoneal tuberculosis. He says that many physicians even now believe that tubercular peritonitis



is always a symptom of general tuberculosis. There are, however, many cases to prove that this form of tuberculosis is as purely a local affection as tubercular disease of the bones and joints, and that it is curable by surgical means. The earliest case on record was that operated on by Sir Spencer Wells in 1862, when he performed laparotomy with the view of removing an ovarian cyst. Finding that he had tubercle of the peritoneum to deal with, he drained it, and the patient was still in perfect health in 1887. Kummel has collected forty cases of operation for tuberculous ascites. Two of the patients (both operated on by Naumann) died of pyæmia; thirty-eight recovered from the operation; only three of these died afterward of phthisis. Thirty-five remained healthy up to the date of the report; they had increased in weight, and their health was excellent; even the symptoms of pulmonary phthisis disappeared in some cases. Thirty-nine patients were of the female sex. In each case an erroneous diagnosis was the cause of the operation. The disease was always supposed to be a tumor of the ovary, or some other abdominal tumor with liquid contents. Only once the ascites was found in the course of an operation for ileus. The symptoms of the disease are those of circumscribed ascites, but the affection may also simulate tumors of various kinds, for, by adhesions of the intestines, there are formed pockets and cavities, receptacles of pus, serum, etc. The favorable results of the operation justify laparotomy for peritoneal tuberculosis in every case in which it is possible to recognize the affection. Even the existence of pulmonary phthisis does not contra-indicate the operation.—*British Med. Journal*, July 7, 1888.

### THE WINTER DRESS OF MEN.

When any question is raised as to the wisdom or otherwise of certain modes or habits in regard to dress, it is commonly supposed that it is only foolish women or helpless children who require advice. There are perhaps at least as many men as women who suffer from the effects of cold through injudicious neglect of the clothing suitable for winter use, and thus contract sciatica, rheumatism, or pneumonia. Men acquire lumbago from the open coat and the waistcoat with a cotton back, but which ought to be lined with flannel. Not only do men frequently neglect to use an overcoat with the commencement of the cold season, but often they will leave the frock-coat unbuttoned, so that it becomes almost useless in a cold wind as a means of protecting the loins. Tight kid gloves and tight thin boots are frequent causes of cold hands and chilled feet, especially when accompanied by the persistent use of thin socks. When there is a known tendency to catarrh, or delicacy of lungs, the garments should be made

well-fitting round the neck, and collar not too loose and open, the waistcoat buttoning high, while continuous flannel undergarments are used uniformly over the body. The dress clothes being so much thinner than those worn during the day, it is well that in winter a high-fitting waist-coat be used under the shirt to protect the trunk. These and many other common-sense points as to winter dress are frequently neglected till mischief has occurred, or a warning has taught wisdom. The wiser man is he who changes his clothing according to the weather in such a variable climate as ours.—*Brit. Med. Jour.*

### THE PERFECT VAGINAL TAMPON.

By ROBERT MORRIS, M. D., New York.

*N. Y. Med. Record*, August 18:—Adopting Wylie's suggestions as to the form of a cylindrical tampon, to be made with absorbent cotton, and the idea of some one else as to the value of wool, I combined the two in such a way as to please patients.

It is not easy to give the exact proportions of cotton and wool used; but, like a woman's receipt for cake, we take "about so much of each ingredient." The wool is wound with several half-hitches of thread into a loose elastic cylinder two or three inches in length, and about one inch in diameter. The cylinder is then covered with a layer of absorbent cotton one-quarter of an inch thick, except at one end, where the wool is allowed to protrude a little. The cotton is bound on with three or four more half-hitches of thread.

The tampon, now complete mechanically, is dipped into Wylie's solution (alum,  $\text{3i}$ ; boro-glyceride,  $\text{3i}$ ; glycerine,  $\text{3iii}$ ), and it is then complete mechanically. It is inserted with the aid of a Sims speculum and long forceps. Hamilton's bullet forceps are the best ones for the purpose.

The philosophy of the apparatus is as follows: The elastic wool centre prevents the cotton from contracting into a hard mass, and it acts as a drainage tube, because, being non-absorbent, it allows fluids to percolate freely through it. The end of wool which protrudes from the tampon nestles just within the sphincter vaginae, and being springy and spready, it prevents the tampon from slipping out.

The absorbent cotton-covering holds the medicated solution in contact with congested tissues, and allows transmission of discharges in the whole centre.

The glycerine, because of its affinity for water, causes a rapid exosmosis of serum from congested tissues, and in such quantities that a patient will frequently have to wear napkins to catch it. The alum acts in its well-known way as an astringent; and the boro-glyceride as an antiseptic prevents fermentable fluids within the

vagina from decomposition. This tampon, above described, may be left in the vagina for several days at a time, and it will remain neat and sweet, and will not irritate the membranes with which it comes in contact.

Some of the tampons that are made after my description will not have a projecting tuft of wool at the lower end, and the makers will wonder why the apparatus does not stay in the vagina better. A majority of first specimens will be wound so tightly that the uterus will be irritated, or so loosely that the uterus is not comfortably supported.

The wool spoken of is surgeon's wool. To be obtained at all wholesale drug houses at about \$1.50 per pound.

### INDUCTION OF PREMATURE LABOR.

In a lecture on this subject (*N. Y. Medical Journal*), Dr. Wm. M. Polk said, that this operation was much more common than formerly. In former times it was thought that the mother's life should not be considered so long as she could be delivered of a living child; and in France and some other countries this rule still holds good. In this and in most other civilized countries the mother's life is considered of greater value than that of the child.

He enumerated many of the causes which tend to threaten the life of the mother, most of them by producing extreme exhaustion.

Dr. Polk advises that consultation be obtained in every case where it is possible, before determining such an important question. He gave the following rules as to the length of time one can wait.

If you have a woman with a pelvis only two inches and three-quarters in diameter antero-posteriorly, you should induce premature labor at the seventh month. If you have a conjugate diameter of three inches, you can put off the induction of premature labor to the thirty-third week; if the diameter is three inches and a quarter, you may wait till the thirty-fourth or even the thirty-sixth week; and if the diameter is three inches and a half or over, I think you can safely let the pregnancy go on to term, and the chances are that by performing version you will then be able to extract the child alive. These are the general rules for determining the best time to induce premature labor in cases of deformity of the pelvis; but when the deformity is not in the bony structures but in the soft parts, remember that the impeding mass will now bear a certain amount of compression, and so in estimating the diameter of the outlet you should introduce your hand into the vagina and compress the swelling as much as you can, and then measure the distance between it and the opposite wall of the pelvis while you keep up the pressure on the tumor.

In regard to Bright's disease as a complication,

he says, the development of edema of the lungs in connection with convulsions of albuminuria is a complication from which few escape with their lives.

In those cases in which pregnancy is complicated with kidney disease, the physician is brought face to face with one of the greatest responsibilities that he is ever called upon to bear, in determining the exact danger to which his patient is subject. He says so long as the patient is passing plenty of water and the specific gravity remains high, even though it contains a very large amount of albumen, if she does not complain of persistent headache, she is doing well enough and by well directed therapeutic measures she may be brought through to full term.—*Weekly Medical Review*.

### A POSSIBLE CAUSE OF PELVIC DISORDERS IN WOMEN.

Amidst the excitement and enthusiasm attending the treatment of pelvic disorders in women, both from a medical and surgical standpoint, it is not improbable that a possible cause of these disorders may have been overlooked. Some years ago a professor of obstetrics and gynecology was considered of little advantage to a college unless he had performed ovariectomy, and when a new man was to be selected, the first question was: How many ovariectomies has he done? To illustrate the point we would make, let us take for example, the case of parturition, and it is well known that many of these arise in connection with the first confinement. There is strong uterine contraction, and it is not beyond the possibilities that in these strenuous efforts on the part of the patient, that some portion of the liquid contents of the womb may find its way into the peritoneal cavity, there to set up inflammatory action. True, this inflammation may be of such a limited character that nothing will come of it, and the patient being compelled to remain in bed for a reasonable time, nature will do much to overcome the disposition of the inflammatory product to increase, while the germs of infection may remain. Time only and favorable conditions are demanded for the development of abscess, cellulitis or other affection, and to save the patient's life, laparotomy is the only course left. Medical treatment is powerless to combat the disease, and in view of the knowledge we now possess regarding such conditions, is worse than useless. It will be said, however, that the dangers are remote, that the objection is trifling, and a pyramid of statistics will be erected to show the improbability of such an unfortunate result, but the fact remains that many of these cases date the beginning of their trouble from an unfavorable confinement.

In the study of this subject, a line must be drawn somewhere, and usually it is drawn in connection with the use of intra-uterine irriga-



tion and medication, the dangers of which they are none to dispute. The question very naturally is: Are the dangers from septic infection greater from intr-uterine irrigation and medication, immediately or within twenty-four hours after delivery, than during the first stage of labor? After delivery, the uterus is contracted, and ordinarily we would suppose there was less likelihood of fluids reaching the peritoneal cavity through the tubes than during the labor period, when the muscular structure of the organ is put upon the stretch.

The above is but one of the possible dangers; another, and greater danger, lies in the use of drugs, some of which have a selective action upon the uterus, especially during the period of involution, and the diseases and disorders of females arising from subinvolution are so numerous that only the specialist can recognize them and call them by name. If permitted to enter a plea for this long suffering and much abused organ, we would suggest that due caution be observed in conducting labor, and that medicinal treatment be persisted in with the possibility in full view that septic infection may be set up by reason of the contents of the cavity not finding a suitable outlet through the mouth of the womb.—*Phila. Med. Register.*

#### NEW SPLINT FOR THE FORE-ARM AND HAND.

For several years I have used with much satisfaction, for fractures of the fore-arm, especially Colle's, the metallic splint devised by the dis-



tinguished surgeon, Dr. R. J. Levis, of Philadelphia.

Recently my attention has been called to a splint made of the same material—viz: sheet copper, perforated and nickel-plated—but having an improved shape. This splint I have used in two cases; one a Colle's fracture, the other a double fracture of the radius near its middle. In both these cases it answered admirably. I am now using it on a second case of Colle's fracture. The patients find it light and easy, while it attracts no attention from its bulk, like the ordinary wood splint. It retains the member in its correct and normal position. Being of sheet copper, these splints can be easily shaped to suit individual peculiarities of form.



The splints are made in two forms, as shown in the cuts, one for the fore-arm alone and one for use where it is desired to fix the hand also. They are made in two sizes, for adults and children, and are rights and lefts. Eight pieces constitute a full set. The price of each piece is one dollar. They are made by the J. Ellewood Lee Co., of Conshohocken, Pa.

In using these or other splints, I am in the habit of lining the splint with a thick layer of absorbent wool. This wool is free from grease and impurities, is soft, and is eminently elastic, even when wet. This last quality renders it very much superior to cotton, as it allows of the occurrence of a considerable degree of swelling of the injured part without the bandages becoming uncomfortably tight, while the elastic pressure tends to reduce any swelling that has already occurred.—J. F. BALDWIN, M.D., *Columbus Journal.*

## SURGERY OF THE BRAIN—BASED ON THE PRINCIPLES OF CEREBRAL LOCALIZATION.

By ROSWELL PARK, A.M., M.D., Professor of Surgery, Medical Department, University of Buffalo.

### *Brain Tumors.*

The various tumors of the brain are no longer of interest solely to the clinician and the pathologist. Thanks to the researches of these gentlemen, a field of cerebral, and I may add cerebellar, surgery has been opened to us which was a few years ago literally *terra incognita*. Prompted by the brilliant discoveries of Hitzig, Fritsch, Ferrier and others only less well-known, Macewen, Godlee and Horsley were quick to take practical advantage of their results and to inaugurate a new era in surgical achievements—an epoch, indeed, whose remarkable results have only been surpassed by Mr. Horsley's recent successful removal of a myxoma from the spinal cord, and Macewen's somewhat similar cases.

Indeed, if you will pardon the moment's digression, so astonishing have been the advances of the past twenty years that one finds ample justification in maintaining that, with the sole exception of the science of electricity, nowhere in the whole domain of theoretical or applied science has progress been so rapid or visible results so remarkable as in surgery. So far as operative surgery is concerned, it can now rank as an exact science.

But little must here be said of brain tumors save in a purely operative sense. Their general features, which most concern the surgeon, have been well summarized in a paper read by Dr. Zenner before the Cincinnati Academy of Medicine, February 1, 1886. The principle features of a brain tumor which produces symptoms are: first, its location; second, its size; third, its character; fourth, rapidity and manner of its growth; and fifth, extent to which it affects the surrounding brain. The various ways in which a tumor may produce symptoms are: first, by increased pressure; second, by direct influence on brain tissue. When a tumor is in the cortex, the adjoining brain gradually accommodates itself, to a certain extent, to the increasing pressure; at the base or in the neighborhood of the nerve trunks such condition is not met with in many cases. When a part of the cortex has been destroyed, another part assumes a certain portion of its function. The symptoms produced by these changes may arise either from loss of function or from irritation. Nerves may be compressed where they pass through the dura, or directly in their course, or by enlarged blood-vessels. Convulsions may occur from tumors in any part of the brain; optic neuritis is by no means common. The chief localizing symptoms are paralysis of the cranial nerves, hemiplegia,

monoplegia, hemianæsthesia, partial spasms, reeling gait, aphasia, and hemiopia. In the frontal lobes, the corpora striata, and the optic thalami, brain tumors are frequently latent. When an individual suffers from constant headache that is not relieved by ordinary methods of treatment, he should be examined for brain tumor. Wernicke has suggested an operative procedure in cases where removal is not to be thought of—namely, tapping the ventricles in order to relieve intracranial pressure. This may be of value in rare or unusual cases. Tumors in the posterior fossæ of the skull usually cause a large accumulation of fluid in the ventricles. The distended third ventricle presses downward on the optic chiasm and produces optic-nerve atrophy; these are the cases in which blindness appears early—in other words, atrophy of these nerves is usually the result of a tumor in the posterior fossæ of the skull, generally in the cerebellum.

Considered in their surgical relations, we may, with Bergmann, divide brain tumors into (a) the circumscribed (encapsulated); (b) the infiltrated (diffuse), around which, as a rule, there is a zone of softening.

The former displace the brain substance, the latter destroy and supplant it. The former may be enucleated, the latter not. In order to remove the latter, one must remove a wide margin of surrounding tissue, as in removal of similar growths in other parts, or he must take total ablation, which is only possible in two places—the frontal and occipital extremities. Obviously these limitations reduce at once the number of cases suitable for operation.

Yet another class of neoplasms deserves at least mention here—*i.e.*, those growing from the interior of the cranium. These by pressure may give rise to meningeal irritation or pressure symptoms, or both. Providing that a reasonably satisfactory diagnosis can be made, it must be indeed an extensive growth from the cranial vault which shall contra-indicate operation. It is not so uncommon an event at present to see large areas of the bony covering of the brain removed for the extirpation of neoplasms involving them or the membranes, and pressing on the brain. Gussenbauer has removed half the frontal bone with a little of the great wing of the sphenoid and the squamous, recovery following without disturbance of any kind. Macewen has done nearly the same thing. Langenbeck and Bergmann have excised large pieces of the dura, and the latter, as well as Küster, not only has done this, but has removed a portion of the superior longitudinal sinus. No hesitation need then be felt in attacking any such lesion so long as the general condition of the patient may warrant it.

But supposing the case of a tumor in or near the cortex, we are, if possible, to learn yet more



about it. It should not be a diffuse growth surrounded by a zone of degenerated tissue, nor should it be too large or extensive. These tumors are not always so constituted that they are easy of recognition even after exposing the brain. Unfortunately, diagnosis as regards one of these features is as difficult as concerning the other. Bergmann says that when amidst slight and late brain symptoms signs of increased intracranial pressure quickly develop, the probability is that we have to do with an infiltrated tumor. Tumors growing from the skull can be estimated with perhaps a little more exactitude, although these penetrate a considerable distance, even over motor areas, before they occasion great disturbance.

Considering the uncertainties of diagnosis, some would think it advisable before removing a large area of bone to make an exploratory opening with the trephine, and even an exploratory incision down to the white matter. Such a procedure would be quite in accord with the principles laid down in the beginning of this paper when advising more frequent exploratory operations. No harm is likely to be done by the preliminary operation, and a clear indication to abstain, thus gained, will often be more satisfactory than the uncertainty which must otherwise surround the case.

According to Jastrowitz ("Deutsche med. Wochenschrift," No. 11, 1888, p. 209), one should only undertake to extirpate these tumors which are peripherally situated, and in respect to which it can be determined that they are non-multiple, not too large, not infiltrated, and not located in vital parts. Still, if we are to be confined too strictly to this dictum it will prevent us from removing as large tumors as Durante has already shown us we can extirpate successfully, and it will hinder us from trying to imitate Weir's success in removing an infiltrating tumor with two adjoining secondary growths.

#### *What and how many Brain Tumors are Accessible?*

The best answer to this question has been given by Hale White ("Guy's Hosp. Rep., 1886, p. 117). He carefully studied the records of one hundred brain tumors found in the dead-house of Guy's from 1872-'84, with particular respect to possibility of operation. According to the records, one brain tumor was found in every fifty-nine autopsies.

Of the 100 studied, 45 were of tuberculous nature, 24 gliomas, 10 sarcomas other than gliomas, 2 glio-sarcomas, 5 carcinomas, 4 cysts, 1 lymphoma, 1 myxoma, 5 gummata, 3 undetermined—total, 100.

Bergmann has carefully gone over White's researches, and concludes that all the tuberculous and gummatus neoplasms must be excluded from consideration in an operative sense. Brain

tuberculosis is almost impossible of diagnosis and has always occasioned most unfavorable prognosis, but this he hopes modern surgery may make brighter. Nevertheless, as these tuberculous masses consist almost always of caseous material, it would be most difficult to extirpate them from the soft tissue in which they lie embedded with any such completeness as is indicated. An operation would in such a case be necessarily incomplete, and return would quickly take place, with, in all probability, tuberculous meningitis. In all of White's forty-five tuberculous cases some other organ was affected, usually several others. In only three of them could operation have offered any prospect of success; but in one of these, with a tuberculous mass on the median side of the left hemisphere, there was tuberculosis also of the peritonæum and Falloppian tube; in the second, with a nodule near the fissure of Rolando, there was infection of lungs and intestines; and in the third, with a focus in the left side of the cerebellum, there was similar disease in the mesenteric glands.

Judging from these cases, it is extremely rare that cerebral tubercle will be considered amenable to surgical help, even could it be exactly diagnosed. Bergmann considers it impossible that the cases reported by MacEwen—one as a successful removal of a caseous nodule from the ascending frontal convolutions, and the other as a successful evacuation of a tuberculous cyst ("Lancet," 1885, i, 881, 934)—were cases of genuine tuberculosis; in his estimation they were distinctly syphilitic, and should have been treated with antisyphilitic remedies. Thus far the only genuine and undoubted case is the brilliant one of Horsley, who removed a tuberculous mass from the right cortex of a young man of twenty. Brain syphilis is, in Bergmann's opinion, to be treated with drugs rather than by instruments.

Of the thirty-six sarcomas included in White's studies, fifteen were diffuse and widely infiltrated, and fourteen were utterly inaccessible. Only in four could operation have effected any good. In one of these the tumor was in the middle line of the cerebellum; in the second it sprang from the dura and pressed on the cerebellum; in the third its site was the frontal lobe; and in the fourth the occipital. Two of the three undetermined tumors were operable; one lay in the left lobe of the cerebellum, the other, of dural origin, invaded the right hemisphere.

Of the four cysts, two were multiple and one was complicated with a cancer on the neck and was accidentally discovered; the fourth might have been easily removed, since it lay isolated in the cerebellum. So, too, might the myxoma have been attacked, since it was quite superficial.

*(To be continued.)*

### SHALL I REMOVE TO THE CITY?

In May or June the practice of the country physician grows light, and a needed rest is enjoyed after the arduous labors of the early spring. Then the doctor gets his books posted, makes out his birth and death reports, brushes up his office, and musters courage to present some of his bills.

He remembers that tradesmen have presented their bills to him with commendable promptness, and wonders why the medical profession alone conducts business in such a lax and unbusiness-like manner.

After familiarizing himself with the appearance of a statement in which he is creditor, he concludes it will not ruin his business to send out a few of these statements by mail. The first lot are probably sent to long-time delinquents, who have found it cheaper to change doctors than pay up. Next the doctor meets a man on the street and reminds him that it is time to settle; and, with the account in his pocket, perhaps, he asks him to the office to see how much it is. After he has made a few collections and feels less like a pauper, he puts on a bolder front, begins in earnest; and as the exchequer is replenished, the tired feeling he thinks he has had so long wears off, and "Richard is himself again."

Now it is time to attend some of the annual society meetings. The County, District, State or National medical associations are in session; and the doctor, from interest in the work and want of recreation, goes to the city.

Meeting the city physicians, with their apparent advantages of being in the range of medical colleges and hospitals and the city societies, in which interchange of ideas among the best of the profession enlarges medical skill, the strong temptation comes to remove to the city. The ease with which professional work is done stands out in marked contrast with the drudgery in mud and rain through which the country doctor has just passed. The greater social advantages, the better fees, and the possibilities of specialty practice all conspire to tempt the ambitious young man almost to the point of yielding.

Wealth is concentrated in the cities. The best price is paid for goods of the best quality there. The successful merchants of the towns frequently go there to recruit the ranks of the city merchants. The best ministerial talent is called there at an increased salary. Why should not the doctor go? Obviously we cannot all go; and it is to the city's immense advantage that we cannot. A great many do go from the larger towns throughout the country, and the eminence of a few attest the wisdom of the change for them. Where the ambition that spurred them on was based on superior judgment and a degree of skill commensurate with the years of study and experience, success has crowned their efforts. Of the

multitude of failures we hear nothing. With the physician, however, as compared with the case of the merchant or minister, there is a great difference. The merchant uses his acquired capital, gets a good location and stock; and a few page advertisements puts his business on a self sustaining basis.

The minister called to the city has his congregation as a constituency awaiting him, and a church reception makes him at home among his people.

The doctor may have a reputation at his present place; but it has the faculty of staying close home. His work in the journals or societies may have made his name familiar to the best of his city co-workers; but it is not their special province nor care to introduce him to the people, the source of his expected income.

Privilege to advertise cannot help him; already quacks enjoy that and are adepts in its use, and the abandonment of the time-honored regular methods would be a damaging confession. The new doctor in the city then must begin at the bottom and go through the drudgery of building up a business anew, with no advantage over the new graduate except so far as his savings, his experience and acquaintance may help him to a comfortable location and professional standing. In the vast majority of cases, had the doctor not better avoid the city? He who succeeds in the country or larger towns can do still better than if his ambition impels him to improve his business. He can have the world for an audience if he has anything of universal interest to say. If he desires it, he can extend his field of labor almost indefinitely if there is anything he can do better than his professional brethren. His expense account may usually be smaller than that of his city friend, in proportion as his town is smaller.

The out-door work, which is often a ground of complaint, may perpetuate a vigorous physical state that a city office might ruin. A family vigorous in the free air of a country home may suffer in bodily health, possibly in moral tone, from the different atmosphere of the city.

Years of acquaintance and established business enable the country physician to select his cases and avoid the most laborious work, except where compensation is adequate. The years he has spent, instead of being virtually lost through removal, constitute so much capital which shall contribute to his comfort and gain as the years go by; and judicious investments made in the years of prosperity obviate the need of hard work in old age.

In the more varied demands of the country practitioner, more study is required to cover the larger field of work; but, by way of compensation, has he not the consciousness of being a more useful member of his community?

COUNTRY DOCTOR, in *Journ. Am. Med. Assoc.*



## THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, JANUARY, 1889.

THE DIRECT APPLICATION OF  
COPAIBA IN GONORRHOEA.

It has long been known that balsam of Copaiba, when taken internally, separates itself into the two constituents of all balsams, viz., the essential oil or turpentine and a resin, the former of which is eliminated by the respiratory tract, and the latter being eliminated by the kidneys. Gubler, the French authority on therapeutics was, we believe, the first to suggest the administration of either the oil or the resin separately, according to the locality it is desired to act upon. Some eight years ago a case was mentioned by Dr. Smith, at the Montreal Medical Society, of a lady having been successfully treated for gonorrhœa of the vagina by the injection of medicated urine, obtained either from herself, or from an employee, who was engaged for the purpose of secreting urine charged with copaiba resin. In many hospitals in Europe the administration of the balsam has been abandoned, partly owing to its deranging the stomach, and partly because it was wasting the volatile oil, which was wanted by the manufacturers of perfumery for reinforcing the more delicate perfumes; for, strange to say, one drop of oil of roses and ten drops of oil of Copaiba give a stronger perfume of roses than would eleven drops of the costly oil alone. A proper under-

standing of the physiological action of remedies, a subject we fear is very often neglected, would in many cases show the absurdities of administering some remedies in certain cases, such for instance as Copai-ba in the gonorrhœa of women. In an article in the *Med. Reg.* of Phila., 29 Dec., 1888, Dr. Martin Rively says that, having read an article by Dr. T. H. Stearns, of Mansfield, Mass., on the abortive treatment of Gonorrhœa by the direct application of Copaiba, he applied it by means of a No. 23 steel bougie, smeared with the balsam, to the urethra of eight men in the first stage of gonorrhœa, with the result of curing all but one, who disobeyed the ordinary directions. Of course it is of no use in gleet, which is *always* due to narrowing of the urethra. It will be a boon to men who object to the exposure entailed by smelling of Copaiba oil, and to women, to whom it is perfectly useless to give it, as the urine when so medicated does not pass naturally over the diseased surface of the vagina.

## BRAIN SURGERY.

In view of our determination to provide our readers with a record of all that is newest and best in medical knowledge, we trust they will forgive us for having devoted several pages of our space to the subject of advances in brain surgery. The article referred to, a portion of which appears in this issue, is exceedingly well and carefully written, and not only deals with the surgical treatment of lesions of the brain, but also goes thoroughly into the subject of cerebral localization, which must be a topic of practical benefit, in one way or another, to nearly every practitioner.

This being the first issue of the RECORD for this year we take advantage of the opportunity to inform our readers that with the October number of last year the proprietorship of the journal has changed hands. Dr. F. Wayland Campbell, the

proprietor of it for many years, having sold it to Dr. Laphorn Smith, who is glad, however, to announce that the experience and ability of Dr. Campbell have been retained on the editorial staff. With regard to the future of the RECORD we prefer to make no promises. We will try to have it out promptly on the 15th of every month, and with every number we shall endeavor to improve it more and more, several able writers in the United States and Canada having promised to become regular contributors. Any suggestions from our readers themselves, as to how to make the journal more attractive, will be gladly received, and, if possible, acted upon. We would be exceedingly pleased if they would make our columns the medium for intercommunication between each other, thereby drawing themselves and profession closer together in the bonds of fellowship. Questions of medical etiquette or ethics will be submitted to competent authorities, and their replies will be printed together with the questions, and we will always be glad to publish original communications, written for this journal only. We feel certain that a great deal of the most valuable experience goes out of the world unrecorded, through diffidence or indifference.

#### MORTALITY AMONG LIQUOR-SELLERS.

As so many medical men have to perform the duties of life insurance examiners we desire to give especial prominence to the following remarks from the *Insurance Monitor*.

The mortality among liquor-sellers was the subject of a paper read by Mr. Wallace, actuary of the N. B. & M. Ins. Co., recently before the Actuarial Society of Edinburgh, in which the writer said, that of all the hazardous occupations, that of the liquor-seller—a term which he used to denote any person engaged in the retailing of any intoxicating drink—is one of the most fatal. The reports of the registrar-general con-

clusively showed that the mortality of persons of this class is upward of 50 per cent. higher than that of the general population, and the experience of those insurance companies which have been published, the Scottish Amicable, Standard, and Law Life, confirmed this. Through the courtesy and kindness of the directors and officials of the North British and Mercantile, he was in a position to submit the result of observations recently made upon the mortality among liquor-sellers assured with that company. The observations extend over a period of sixty years, the number assured being 674, of whom 184, or 27.3 per cent. died; 226, or 3.35 per cent. withdrew during the observations; and 264, or 39.2 per cent. were alive at the close. These persons passed through 6398 years of life, their average age at entry being 36.82 years, and the average duration of each policy 9.49 years. A table was then given showing in quinquennial groups of ages the number of entrants exposed to risk, actual deaths, and the expected deaths by the HM table and English life table No. 3, males, the actual deaths exceeding by 50 per cent. and 31 per cent. respectively those expected by the two last-mentioned tables. After comparing, so far as practicable, the combined experience of assurance companies among liquor-sellers with that of the liquor-sellers of England, as given by Dr. Farr, and showing a diagram in which the results were dotted down, Mr. Wallace stated that his preconceived ideas as to the effects of selection on the mortality of liquor-sellers were completely shaken, and he was led to the conclusion that the beneficial effects of selection which are so apparent in assured lives generally are counteracted by other influences to which this class of persons is exposed. With the view of ascertaining the rate of mortality in different sections, he divided the experience into three classes, of which licensed grocers, hotel-keepers, and publicans may be taken as the types.

The mortality of the licensed grocers was



less than that of the hotel-keepers by 29.2 per cent., and less than that of the publicans by 43.26 per cent. The average extra premium required for assurance was 6s. 8d. per cent. for licensed grocers, 17s. 1d. per cent. for hotel-keepers, and £1 4s. 10d. per cent. for publicans. In judging as to the risk, it is of importance to ascertain for what period the applicant has been engaged in the liquor traffic.

We quote the above from the London *Post-Magazine*, because it presents at least one feature of special interest. The comparison is made between three classes engaged in the same general line of business, but graded according to the extent of their employment. This method tends, perhaps, to eliminate other influences which might be claimed to be at work, and shows how closely the evil influence of the business follows its extent, for the presumption is that the more thoroughly a man's time and attention is devoted to this business, the greater as a rule, will be his own personal indulgence.

### NOTICES OF BOOKS.

THE CASE OF EMPEROR FREDERICK III. Full official report by the German Physicians and by Sir Morell Mackenzie. Translated and both sides reviewed by Henry Schweig, M.D., Laryngologist, New York. *This is the only edition giving the unabridged reports, with all of the illustrations of Sir Morell Mackenzie and of the German Physicians.* Cloth, \$1.25. Paper, 75 cts. Edgar S. Werner, 48 University Place, New York. Be sure to order the *Werner* edition.

To any one who knows anything about diseases of the throat this book will furnish both pleasure and profit.

CLINICAL LECTURES ON CERTAIN DISEASES OF THE NERVOUS SYSTEM. By Prof. J. M. Charcot, Prof. to Faculty of Medicine, Paris; Physician to Saltpetres, etc. Translated by E. P. Hurd, M.D., Member of the Massachusetts Medical Society. 16mo. Pp. 155. Paper. Detroit: George S. Davis. Price, 25 cents.

This work belongs to the series of volumes which Mr. George S. Davis, of Detroit, has been publishing for several years, entitled the Physicians' Leisure Library. As will be observed,

the author of it is the distinguished French medical savant, Prof Charcot, than whom there is no more eminent physician in the world. Prof. C., more than any other investigator, has elucidated the functions of the nervous system,

The volume is largely devoted to hysteria, which is a nervous affection of great interest, simulating as it does all other diseases and exhibiting most peculiar phenomena. Prof. Charcot shows in this volume, contrary to the views of very many, that it affects the male as well as the female. He says that he has been struck with the fact that male hysteria is found with the same characters in men belonging to all races, all nationalities.

THE MEDICAL BULLETIN VISITING LIST, OR PHYSICIAN'S CALL RECORD. Arranged upon an original and convenient monthly and weekly plan for the daily recording of professional visits. F. A. Davis, Medical Publisher and Bookseller, 1231 Filbert St., Philadelphia.

This visiting list is arranged upon a plan adapted to the most convenient use of all physicians, and embraces a new feature in recording daily visits not found in any other list. The necessity of re-writing the names of patients *every week is obviated*, as the arrangement of *half-pages requires* the transfer of names *only once a month*; at the same time the record is kept just as perfect and complete in every detail of *visit, charge, credit, etc.*, as by the old method. From this it will readily be seen that a large amount of valuable time is saved, as well as a great deal of labor formerly necessitated in re-writing the patients' names.

This visiting list contains a calendar for the last six months of 1888, all of 1889 and 1890; Table of Signs to be used in keeping Accounts; Table of Fees; Dr. Ely's Obstetrical Table; Tables for calculating the number of doses in a given R., etc., etc.; for converting Apothecaries' Weights and Measures into Grammes; Metrical Avoirdupois and Apothecaries' Weights; Number of Drops in a Fluidrachm; Graduated Dose; for Children; Graduated Table for Administering Laudanum; Periods of Eruption of the Teeth; the Average Frequency of the Pulse at different Ages in Health; Formulæ and Doses of Hypodermic Medication; Use of the Hypodermic Syringe; Formulæ and Doses of Medicines for Inhalation; Formulæ for Suppositories for the Rectum; the Use of the Thermometer in Disease; Poisons and their Antidotes; Treatment of Asphyxia; Anti-emetic Remedies; Nose Douches; Eye-Washes.

Following this useful printed matter comes the visiting list proper, consisting of blank pages and half-pages, conveniently ruled for recording visits: Special and General Memoranda, Addresses of Patients, Nurses and others; Obstetric,

Vaccination, Births and Deaths, Records; Bills Rendered, Cash Accounts, etc., etc. Handsomely bound in fine, strong leather, with flap. Compact, light, and convenient for carrying in the pocket.  $3\frac{1}{2}$  by  $6\frac{3}{4}$  inches. In two sizes. Prices, \$1.25 and \$1.50.

**NEW MEDICATIONS.** By Professor Dujardin-Beaumont, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine; Physician to the Cochin Hospital; Editor-in-Chief of the *Bulletin Général de Thérapeutique*, Paris, France. Translated by E. P. Hurd, M.D. With Appendices and Illustrations. In two parts. 1886. George S. Davis, Detroit, Michigan.

This is a most interesting and instructive work and is in every sense practical, which latter remark may be taken for granted when we discover the well-known name of the author, Professor Dujardin-Beaumont. The book is devoted to the therapeutics of the more recent remedies, and modes of treating the very many diseases to which human beings fall heir. Chapter first opens with a resumé of the great discoveries of the past fifty years, and takes into consideration the first use of Ether and Chloroform as anæsthetics. It also deals with Chloral and the origin and uses of the Hypodermic Injections. Chapter second takes into consideration the subject of New Cardiac Medicaments, and deals at some length on the physiological actions and therapeutic uses of such important drugs as Convallaria Majalis, Caffeine and Nitro-Glycerine, as well as those of lesser note, such as Adonidine, Sparteine, &c. Chapter third enters into the theories regarding the treatment of certain diseases of the stomach, by Lavage, or washing out the stomach. The fourth section is devoted to New Gastro-Intestinal Medications. The remainder of the work is occupied by items of equally great and absorbing interest, and the various subjects are so arranged as to make their perusal agreeable, and not, as in some cases, wearisome. We can most heartily recommend it to our readers.

**A MANUAL ON INHALERS, INHALATIONS AND INHALANTS,** and a guide to their discriminating use in the treatment of Common Catarrhal Diseases of the Respiratory Tract. By Beverley Robinson, M.D., Clinical Professor of Medicine at Bellevue Hospital Medical College, New York. Second Edition. 1887. George S. Davis, Detroit, Mich.

This little work forms a part of series No. 1 of the Physicians' Leisure Library, which was begun some time ago by George S. Davis, of Detroit, Michigan, the publisher's idea being to issue small works at small cost, on subjects of

practical importance to every busy medical man. That the subject here chosen for the initial number of this series is a most important and practical one, no person will deny, for few diseases are more common in this country than catarrhal affections of the nose and throat. The author of this little book says he is convinced that a small work, on the above mentioned subject, is needed by general practitioners of medicine; first, because the text-books for sale are somewhat out of date; second, because those obtainable do not answer actual requirements, owing to their size and completeness. By this criticism he means particularly that many inhalers are described in detail which are no longer employed at all—and, indeed, never were used, except perhaps by the inventors—and views are related at length, which were formerly debatable, but now are settled definitely. Chapter i. is devoted to Medicated Sprays and the description of various instruments employed in spraying the nose and throat. Chapter ii. deals with Steam Atomisers, and their utility in the treatment of Acute and Chronic Inflammatory Diseases of the Nose and Throat. Chapter iii. describes the manner of using Steam Inhalers, and the advantages in, and objections to, their employment. Chapter iv. takes up Vapor Inhalations, and their utility and comparison with Cold Atomised Inhalations. Chapter v. gives many useful and practical prescriptions for using by atomization and inhalation. It is all through a most interesting little work and is well worthy of every physician's perusal.

**THE CLASSIFICATION AND TREATMENT OF OVER TWO THOUSAND CONSECUTIVE CASES OF EAR DISEASES** at Dr. Sexton's Aural Clinic, New York Eye and Ear Infirmary. By Samuel Sexton, M.D., Aural Surgeon, and W. A. Bartlett, M.D., and Robert Barclay M.D., Assistant Surgeons. 1886. George S. Davis, Detroit, Mich.

The author at the outset informs us that this little work is intended to present a classified list of the aural cases recently seen in the practice of the above mentioned infirmary, and to bring into prominence the more practical features demanding treatment. He adds that the relation in detail of the many cases of interest seen would not be so instructive as the presentation of general conclusions drawn from observations in the large field offered by the aural clinic. The importance of inflammation of the attic of the tympanum seemed to demand the considerable space given to its discussion. The cases have been divided according to the anatomical location of the disease, and the whole subject is included under nine sections, namely, (a) the auricle; the diseases to which this region is subject (eg. Eczema, Erysipelas, Herpes Zoster, &c.) are briefly mentioned, and their treatment given; (b) the external auditory canal; (c) the drum-



head; (d) the middle ear tract; (e) complication of diseases of the middle ear tract; (f) diseases of the mastoid process; (g) important symptoms of ear disease; (h) neuroses (reflex phenomena); (i) deafmutism. Then in the appendix, the drugs more commonly employed in the treatment of ear affections are given, as well as a description of the numerous instruments used. Illustrative cuts of the said instruments have been introduced, and all things considered, the work is a most complete one for its dimensions, and might very properly be called "multo in parvo." This book would doubtless prove invaluable to many, for, assuredly, many head troubles which cause physicians so much anxiety and trouble, are due to some hidden ear affection which the busy practitioner has overlooked. The work is neatly bound in a paper cover, and the letter press and quality of the paper are excellent.

### BISHOPS COLLEGE MEDICAL STUDENTS' DINNER.

On the evening of the 17th December the Medical Faculty of Bishops' College and its students sat down to an elegant dinner in the "Mess Room" of the St. Lawrence Hall. The "menu" was such as this hotel is justly celebrated for, and, we believe, cannot be equalled by any other hotel in Montreal. Dr. F. W. Campbell, the Dean of the Faculty, occupied the chair, supported on his right by Principal Adams, of the University, and Dr. Hingston, Dean of Victoria Medical College, and on his left by Dr. R. Palmer Howard, Dean of McGill Medical Faculty, and Dr. T. A. Rodger, Assessor to Bishops' College, from the College of Physicians and Surgeons of Quebec. The attendance was large, some seventy sitting down. The usual loyal toasts were given, and of course well received. In replying to the toast of "Sister Universities," Dr. Howard said McGill had never grudged to Bishops' College its success. It was true, perhaps, that at the outset the advent of a new medical school, on a field they had almost looked upon as their own, may have given rise to a feeling that possibly their rights were being invaded; but that was all past. It was but a momentary, and, perhaps, a natural feeling, as they were only human. They soon recognized Bishops' Faculty of Medicine as an existing fact, and he was free to acknowledge that they had done McGill good. It had added to the educational faculties of Montreal, and in this way the city had benefitted. He was pleased to say that McGill and Bishops were working

harmoniously together, and both doing, he knew, good work. Dr. Howard then contrasted the facilities which the medical students of to-day had compared with those of the time when he entered medicine, much, of course, to the advantage of the former, and concluded a very elegant address by complimenting the College on the elegant entertainment provided.

Dr. Hingston, Dean of Victoria Medical Faculty, and the *first* Dean of Bishops' College, received an exceedingly warm reception, which he duly acknowledged. He conveyed to them the greetings of his own Faculty, but would say no more, for this was Bishops' day. He alluded to his student days, and the primitive character of their entertainments. There were then no regrets at non-attendance from the Governor-General or the Premier, at their impecunious meetings.

Representatives from Toronto University, Queen's College, Kingston, and McGill, Victoria and Laval, also made replies.

The vice-chairs were most ably filled by Mr. James Jack and Mr. C. E. Elliott, B. A.

The dinner was the best in every way that the students of Bishops' ever had, and it should be always remembered that Bishops' College was the one to make the initiative in transforming the old-footing dinner into these elegant entertainments.

### THE LATE DR. KENNEDY.

It will be with a pang of regret that the many friends of Dr. Kennedy will learn of his death, which took place on the 22nd of December. Fifteen years ago he had a slight attack of hæmoptysis, (the only one he ever had) and there being evidence of limited lung trouble, he passed the following winter in Colorado. He received much benefit, and on his return home was able to resume a very large practice. For several years there did not seem to be any renewal of the disease, and he continued in active work; but five years ago he had an attack of Pleurisy, and, in the two or three following years he had renewed attacks, which much undermined his strength. He still continued active work, (much against the advice of his friends, revisiting Colorado for a few months in 1887) until last fall, when there was evidence of the disease having actively attacked the larynx and vocal cords, and he was compelled to take to his bed. His suffering was extreme, yet he bore it patiently;

and while he now recognized the impossibility of ever again resuming out-door professional work, he was hopeful of getting about again, and being able to do office and consultation work. For a time the improvement in his throat seemed almost to warrant this hope, but his sufferings were renewed, and the end came rapidly, the last few days of his life his suffering being so great that he was kept most of the time under chloroform. His funeral was attended by a large number—patients and professional confreres—who by their presence showed their appreciation of his work and their sympathy for his wife and friends in their bereavement. Dr. Kennedy was born in Montreal on the 1st of January, 1840, and studied medicine at McGill College, where he graduated in 1864. He at once went to Dunham, a beautiful village situated in one of the most beautiful parts of the Eastern Townships, where he commenced his professional career. His success was all he could have hoped for, during the three years he remained there. He felt, however, that neither his strength or his ambition was suited to a country practice, so he removed to Montreal, where he soon gained a large circle of patients. In 1871 the Medical Faculty of the University of Bishops' College was founded, and he accepted the chair of Anatomy, which he very ably filled for several years. Obstetrics and Gynecology were, however, more to his liking, and in a few years, an opportunity occurring, he was transferred to that chair. That he filled it most ably, and was soon recognized as a rising obstetrician, is a matter of history. Had strength been given him, we have no hesitation in saying that he would have become the obstetric teacher of the Dominion. Clear, lucid and practical, fertile in resource, there are many medical men throughout the United States and the Dominion who look back to his teachings with pleasure and gratitude. But his strength was not equal to the task, and with much reluctance he was obliged to resign his chair. He, however, retained his post of Registrar to the Faculty, to which he had been elected in 1882, and which his failing health compelled him to resign in August last. He was, however, Emeritus Professor of Obstetrics up to his death. The Medical Faculty of Bishops' College had no truer friend, no more earnest worker, than Dr. Kennedy, who, even a few days before his death, had thoughts for her welfare and

success. In the working of the Women's Hospital, and the founding of the Western Hospital, Dr. Kennedy took a prominent part, and contributed not a little to their success. Had his bodily energy been equal to his mental vigor, he would have made a name as an operator in the field of gynecological surgery. What operations he did perform were well done, and successful. But their tedious character always told upon him, and left him for weeks much exhausted. To the readers of the RECORD his name must be familiar. For several years he had been its Managing-Editor, in fact up to last April, when he felt unable to continue the task. He was not a very large contributor to periodical literature, neither was he, so to say, a silent member. Several contributions appeared occasionally in these pages—one of the best contributions, from the pen of a Canadian,—“On the Climate of Colorado for Consumptives,” was written by him on his return from that State of the American Union. Although many years have passed since it appeared, scarcely a month comes round that the publishers are not applied to for a copy of the RECORD which contains it. A year ago a paper by him on the use of Nitro-Glycerine in Diabetes attracted much attention, there being attached to it, what is believed to be the best analytical urine test, for such a lengthened period, which has ever been published. Among his professional brethren, Dr. Kennedy was held in high esteem: and they will miss him much, especially those have been intimately associated with him in college work. In the Medico-Chirurgical Society, of which he was an active member, and an ex-president, his voice will be missed, for he was one of those whose words were always welcome. To his wife we tender our deep sympathy; we know her loss is great. May she be consoled by the fact that his memory will be kept sacred by those who for years, in professional life, knew him best.

On the 8th of January the “Alma Mater Society” of Bishops' College held its annual dinner in the Ladies Ordinary of the Windsor Hotel. Between eighty and ninety sat down; Chancellor Henecker presiding. The Faculty of Medicine was represented by six of its members.

The class at Bishops' College Medical School is a large one—the best for some years—and the students are workers.



# The Canada Medical Record

VOL. XVII.

MONTREAL, FEBRUARY, 1889.

No. 5.

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## Original Communications.

### GYNECOLOGY AND OBSTETRICS.

By A. LAPHORN SMITH, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal.

A reaction seems to be setting in against the corset, and it is becoming generally admitted that the great increase in abdominal pressure which it causes is to be blamed for a great many of the diseases to which women are victims. Loenfield (*Polyclinic*), in an interesting article, lays great stress upon the injury which they do by interfering with respiration. It is clear that, if a woman is prevented from taking in sufficient oxygen for her needs, her blood must deteriorate. Poor blood means weak muscles and a flagging brain. It has been noticed, he says, that college women have largely given up the wearing of corsets. It is doubtless a custom that will become more and more widespread. It would seem strange that anyone should care to pour into herself intellectual food at the same time that she carefully shuts off the draft of her furnace and so prevents its utilization.

Marchand thinks they are a common cause of the formation of gall stones, from which women suffer more than men. Pressure exerted by this article of dress on the liver is transferred to the gall-bladder and its ducts. This pressure is not uniform; it

is more constant by day, but decreases at night or is exerted only when the form of the thorax is already altered by pressure. This pressure causes the retention of the bile in the gall-bladder. During the daytime the bladder tends to empty itself. In the intervals of digestion and during the night, it has a tendency to re-fill itself. If the daily evacuation of this organ is prevented or only imperfectly effected, there is a recurrence of stagnation of bile and a consequent disposition to the formation of gall stones.

I do not think that women are alone to blame for wearing tight corsets. They only try to meet a demand. If men admired women of natural shape more than thin waisted girls, the supply of the latter would soon cease to come on the market. So that we should educate our male acquaintances to understand the probable sickness and costliness of corset-laced wives.

Gusserow (in the *Archiv. fur Gynakologie*, translated in *Med. Chronicle*) contributes an interesting paper containing a summary of 31 cases of laparotomy for pyosalpinx. In every case he obtained evidence of preceding or accompanying perimetrie attacks, which he considers an essential condition for the production of the disease, by closing up the uterine opening of the oviduct. In many of the cases there

have been attacks of gonorrhœa. In other cases, it followed parturition and abortion. In one case, curetting of the uterus preceded the disease. When the tumor interferes with the circulation of the uterine vessels in their course through the broad ligament, menstruation is apt to be interfered with. The history is generally one of prolonged suffering. He explains the intermittant attacks of pelvic pain by the accidental discharge of minute quantities of pus from the oviduct into the peritoneal cavity. The differential diagnosis of pyosalpinx is not always easy. The situation of the tumor in intimate connection with the broad ligament is a reliable landmark. During the operation, Gusserow insists strongly on the raising of the uterus and the appendages through the vagina by an assistant to render the field of the operation more accessible to the fingers. He only removes the tube which is diseased with the corresponding ovary. But we think with the reviewer in the *Medical Chronicle*, that it would be better to remove them from both sides.

In reading reports of difficult cases of midwifery, especially by young practitioners, we notice very often that he ruptured the membranes. Now, if there is one thing more than another that the young practitioner should look upon as the best friend that he and the patient possesses, it is the bag of waters. It is Nature's exquisitely perfect instrument for carrying on dilatation of the os uteri and, not only of the os uteri but also of the external parts. This latter use of the bag of waters seems to be unrecognized, even by the older practitioners. I confess that it is only during the past few years that I have recognized how important a factor it may be in saving the perineum of the primipara. During my first few years, I ruptured the amniotic membrane before dilatation was complete, in the mistaken hope of saving my time and the patient's suffering, the result being a considerable crop of lacerated cervixes and, at the same time, a delay of several hours in

attaining the very object for which I was striving. With experience I began to leave the membranes alone until I was certain that the os was fully dilated. After a few years, I began to think that, if it was good for dilating the os, it might be equally useful for dilating the vulva. I now consider myself fortunate, in attending a case of midwifery, if I find the bag of waters intact, and I jealously preserve it until the head has begun to pass from under the pulvic arch. The fact that the early rupture of the amniotic membrane is a disadvantage, is known even to the laity, for many an old woman has gravely shaken her head when she informed me that it was "going to be a dry labor. It is true that, in many cases, especially among women in the highest state of civilization, the membranes seem to have degenerated so that they are now no longer able to stand the vis a tergo pressure of the uterine contractions, so that, among the upper classes, dry labors are more common than among the poor and hard working.

Another accident which seems to be unduly common, to judge from the reports above mentioned, is the retention of the placenta. This is an accident which has only occurred to me once or twice in over 300 cases, and, I may add, these cases occurred at the beginning of my practice when I had more faith in tractions on the cord and less in Nature's own method of expelling that organ. Retention of the placenta, post partum hemorrhage and hour-glass contractions, I believe to be largely due to the tearing off of the placenta at its centre before the uterus has had time to sheer it off, which is Nature's way. The irritation this causes, sets up contractions in the middle segment instead of in the fundal or placental segment, which it would, I believe, always do if left to Nature or, at the most, if Credé's method were employed. Now, I am particularly anxious to keep the placenta on the placental site until I am sure of there being sufficient uterine contraction present to guarantee the closure of



the uterine sinuses and, when those contractions do take place, I will most surely find the placenta in the vagina. Even after a miscarriage, provided I can control the hemorrhage, I would rather give the uterus time to squeeze the placenta out itself, guaranteeing the patient against septicæmia by frequent antiseptic irrigations with the Fritz-Bozeman return flow cavity.

I frequently make use of the sympathetic influences of the breasts over the womb, in order to obtain strong contractions of the latter organ, when I find myself in the presence of threatened hemorrhage without having any ergot at hand. By placing the child to the breast, even before it is washed, I obtain *instantly* such powerful contractions as to remove all danger of hemorrhage and to expel the placenta. I cannot understand the reason of some of our older practitioners who direct that the child is not to be put to the breast for one, two or three days. It seems to me that, by so doing, they are flying in the face of Providence. Apart from the safety which it secures to the woman against post partum hemorrhage, there is the great advantage to the child of giving it these small doses of colostrum, that beautiful laxative provided by Nature, which no chemist can imitate and which the child so greatly needs to clear out the meconium from its bowels. Latterly, I notice in some of the journals a recommendation not to wash the child at all for twenty-four hours, which, to me, seems a good one. To expose an infant to the temperature of the air for half an hour, more or less, on a winter day, while it is being washed, is running a great risk of pneumonia or bronchitis, which we need not be surprised to see supervene when we consider that it has been bathed in a liquid of a temperature of one hundred degrees for the nine months previous.

Gehring, of St. Louis (in *American Journal of Obstetrics*), reports the most satisfactory results from the artificial suppression of the menses in the numerous cases where

the woman has not only no blood to waste, but not even enough for her needs. His method consists in tamponing the vagina either before menstruation comes on or after it has lasted one or two days. The tampon is made of absorbent cotton, which is torn into little balls of the size of a pecan to that of a walnut, or torn lengthwise in two to four slips of twelve to twenty-four inches in length. These being squeezed dry from a solution of 1-100 to 2-100 alum and water are packed, the former in lumps, the latter in strips around and upon the cervix secundum artem, until the vagina is filled. Either a Sims' speculum or a bi- or tri-valve speculum may be used. He prefers a short bivalve speculum for ordinary cases, and for virgins a small trivalve, which he had expressly constructed for that class of cases, and which can be used without stretching the hymen. To make the tampon solid, he uses two pairs of uterine dressing forceps, the one to press the tampon in the opposite direction from where he intends to make the next application by the other. In this manner a very efficient tampon can be applied, without much inconvenience to the patient or the physician. When complete, the tampon can be fixed by the two points of an open pair of forceps, while the speculum is withdrawn. Of course, variations may be made in the kind of speculum used, the medication of the cotton, and manipulation in placing the tampon to suit the operator. The tampon is then left untouched for forty-eight hours, unless the bleeding should recur sooner, when it should immediately be applied fresh. This does not only lessen or stop the bleeding, but also the duration of menstruation; as a person habitually bleeding for eight or ten days may be entirely through in two or three days. Nothing should be introduced into the cervix or uterine cavity. During this treatment rest is desirable, though not absolutely necessary.

He has had two years' experience with this method, and is well satisfied with it. I

think it well worth a trial, and if it succeeds in all hands, it will prove one of the greatest boons ever conferred on the thousands of women whose life is month by month drained out of them. In the *Medical Times* of June, '88, Lowenthal, of Lausanne, records 23 cases of chlorosis successfully treated by artificial repression of the menses. This method consists of employing hot water injections at 49 Cent. (120 F.) with absolute rest in bed. No bad effects were noticed.

Both writers consider menstruation as we find it, 4 to 8 days, as an abnormal phenomenon due to civilization; savage women, they say, only lose a mere trace of blood in their monthly discharges.

Too often the value of a treatment is denied without the latter having a fair trial or even in some cases without being tried at all. Thus, in a discussion which lately took place at the Gynecological Society of London, several of the most decided speakers against Apostoli's method admitted that they had never tried it, while others had tried it, but had taken upon themselves to deviate in many ways from the precepts laid down by the inventor of the method. Case in point is one in which laparotomy for fibroid cystic tumor is reported by Dr. Charles C. Merz in the *Medical Age*, and by whom it was successfully removed. During the course of the report the following paragraph appears:—"For several months electricity was used, the negative pole in the uterus, the positive on the abdomen, no accurate record was made of the strength of current used in these treatments, but a current of from four to eighteen cells of a McIntosh battery was used. These applications were made every four to six days, but were followed by no appreciable result." Anyone reading this paragraph would put it down as a case in which Apostoli's method had been tried and failed. But such is not the case. Apostoli's method consists of certain accurately measured doses; but from 4 to 18 McIntosh cells may mean all the way from little, to no electricity at all,

passing through the tumor between the poles. It is worse than useless, for it discredits the method, to attempt to treat fibroids by Apostoli's method, without being supplied with Apostoli's tools.

Dr. Thallon (in *Brooklyn Medical Journal*) reports a case of vicarious menstruation from hæmorrhoids in a young lady aged nineteen. He believed this to be due to the displacement of the womb, which was flexed and fixed in the hollow of the sacrum. There was obstinate constipation which the patient encouraged in order to escape the excessive pain, and hemorrhage which attended an evacuation. She had pain in the back and rectum, and presented a degree of wretchedness pitiable to behold. She was treated for four months with forced feeding, peptonized milk, etc., and very small doses of bichloride of mercury and arsenic, and the hot rectal douche. A surgical operation for hæmorrhoids was attempted under cocaine, but abandoned. A couple of weeks later it was performed successfully under ether. The mass being completely tied off in segments up to healthy mucous membrane, eighteen stout silk and numerous catgut ligatures being applied. The uterine trouble was treated by systematic tamponing in the knee-chest position. A tight band between the cervix and anterior vaginal wall was divided under cocaine, the cervix being pulled backward so as to put it on the stretch, and the two ends of the incision were then approximated by deep catgut sutures. A retroversion pessary was inserted, and three months later the patient was etherized, the uterus was forcibly lifted from the retroverted and retroflexed into the normal position. The adhesion of the fundus to the rectal wall was ruptured. As the sound encountered some resistance at the internal os and detected some roughness at the fundus, he introduced a Nott's divulsor, and after moderately stretching the internal os, he curetted, removing three or four polypoid growths. At the end of one week she was convalescent.



I have come to consider hæmorrhoids in most cases as synonymous with gross neglect to keep the bowels regular every day. It is simply astounding to see how ignorant women are of the importance of avoiding constipation. That is the first question I ask every woman who comes to my office, and I insist upon a truthful answer. Over and over again they have told me that their bowels were *regular*, but on being pressed closely they admitted that they were regular once a fortnight. Think of undertaking to reduce passive congestion of the uterus, while a fourteen day old fecal brick is blocking the venous circulation. In seven cases out of ten when we cure the constipation we shall have removed the pelvic pain which brings the woman to us.

## Correspondence.

### OUR LONDON LETTER.

(From our own Correspondent.)

DEAR EDITORS,—

Believing that a little of every day medical life in London might be of interest to your readers, I shall attempt to write you every month while I am here something of what is going on around me.

The Morrell-Mackenzie affair is, of course, a subject of the greatest interest at the present time. The general feeling among the profession is that it was to be regretted that Sir Morrell published his book; but a great many think that, in doing so, he acted in good faith and while smarting under the attacks of his German rivals. Now that the British Medical Association has apologized to Von Berghmann for having allowed the appearance of the Crown Prince's script in the columns of the *Journal*, and having censured the editor for having inserted it, it is to be hoped that the matter will drop. The editor of the *Journal*, by the way, calls the council of the Association to task for censuring him while he is really their re-

presentative, or one of themselves. There is no doubt that a great deal of the adverse feeling towards Sir Morrell was due to professional jealousy. Certain, it is, that he enjoys perhaps the largest income of any medical man in Great Britain; and it is equally certain that his practice has not only not fallen off but very largely increased since he has been censured by the authorities.

The other day, while some workmen were repairing the palace at Holyrood, they found, hidden in the wall of the room formerly occupied by Mary Queen of Scots, the body of an infant wrapped in embroidered clothes, on which the initial, "J," was still visible. History reports that it was in this very room that the infant was born who afterwards became James I, and who promptly disappeared. No inquest was held and the little remains were replaced in their hiding-place.

It appears that Dr. Murrell received a prize of twenty-five thousand francs from the French Academy of Medicine for having discovered the therapeutical value of nitroglycerine in the relief of angina pectoris. Somehow or other it has been going round the press that it was Dr. Richardson who was the happy discoverer.

A doctor in Liverpool has recently written to the press complaining that a prescription which he gave to a patient was being used by that patient to cure a great number of his friends. He told the man, who was a carpenter, that it was just as unfair to lend his prescription as it would be for the doctor to borrow the joiner's tools and lend them to his friends. He suggested that the proper way for the patient to do was to send these sick people to him. The moral he deduces is, that doctors should not give prescriptions to patients. If the doctor does not dispense, he should send the patient with the prescription, under cover, to a chemist, who should have instructions not to deliver a copy of it to the patient unless specially ordered to do so.

The Metropolitan Hospital, Kingsland Road, has lately started a paying department, which, it appears, is wrecking the practice of medical men in the neighborhood of the Hospital. They have, therefore, in a protest to the subscribers of the institution, stated that the Hospital is no longer doing the work it was meant to do, namely, to relieve the medical wants of the poor: its rules being so framed that those who cannot pay after the first attendance are turned away from its doors; that the original funds of the Hospital were subscribed to benefit the poor and not the better class, who have hitherto been able to pay their ordinary medical attendant; and that the plan will have a tendency to lower the appreciation of the public of services rendered to them by the profession.

The authorities of the General Medical Council are taking active measures to put an end to what is known as "covering;" which consists in unqualified assistants carrying on nominal branch practices, but really on their own hook, on the strength of the qualification of the doctor who "covers" them. Several offenders of this kind have had their qualifications taken from them and their names have been removed from the register. Could not your Provincial College of Physicians and Surgeons take some such steps for the clearing out of quacks who annually visit Canadian cities and carry off many thousands of dollars from the ignorant classes who flock to them and who afterwards call upon their regular practitioners to attend them for nothing.

A Dr. Kennedy has been hauled over the coals for turning out a dead woman from his office, not even allowing her to remain in his surgery while a cab was being called, so that a policeman assisted by a woman, had to remove her in a chair. The doctor, in defence, said that his patients were coming in and that he could not have them excited by having a dead woman in the Surgery.

It having been stated in one of the news-

papers that the Hon. John Bright was progressing favorably under the skilful medication of his homeopathic attendant, one of the medical journals asserts that his disease is diabetes, and, therefore, one in which infinitesimal doses, or no doses at all, would be equally effectual, but that his progress is rather due to the careful dieting he is undergoing.

A writer in one of the journals calls attention to the fact that hemorrhoids are limited to animals which are habitually in the erect position, and that it is unknown in quadrupeds. This is quite true, for the pressure of a vertical column of blood three feet in height certainly amounts to a good deal, for, if it were only water, we know that the pressure would be one pound and a half to the square inch for every three feet in height.

Commenting on Sir William Jenner's resigning from the British Medical Association, a correspondent of the *Pall Mall Gazette* writes that he has passed his life in resigning; that he threatened to resign from the University of London when women were admitted to degrees; that he threatened to resign his presidency of the Medical Congress when a similar proposition was made; he resigned from the Samaritan Hospital and the Children's Hospital; and it is said that he threatened to resign from the Medical Association twice before.

It would seem that medical men here, as as a rule, die poorer than they do with you. The *Lancet* has just decided to put by annually fifteen hundred dollars, to be devoted to assisting medical men in pecuniary straits, or their widows and orphans. Besides that, there are several societies; among others, one which asks for contributions of cast-off clothing or anything else for the destitute families of medical men, and every now and then a medical man is brought up at the police court for begging or stealing. This would seem to indicate, either that a class of men is admitted to the profession which should never be



allowed to enter it, or that more men are allowed to enter the profession than can obtain an honorable living in it.

An interesting item concerning the remuneration of professors in the medical faculty of Edinburgh has just appeared, stating that some of them receive as much as three thousand five hundred pounds a year in fees, equal to seventeen thousand five hundred dollars. This would indeed seem large to some of your professors in Bishop's College or even in McGill.

The Council of the Royal College of Surgeons has been gradually taking more and more power upon itself, until at last it has forgotten that it is the servant of the College, that is, of the members and fellows: so that recently they have passed an order that the members and fellows are no longer to be allowed to hold their annual meeting, which has caused the latter to grumble a good deal, as formerly they looked forward to this annual meeting to give vent to their grievances, although their murmurs never seemed to have much effect upon the Council.

A recent report upon the death rate in Edinburgh, which has lately been as low as fourteen per thousand, a difference of eight or ten per thousand in that of those living in crowded houses with rents of five pounds per year, and those living in houses with a rent of twenty pounds a year and over.

Owing to the unsettled state of affairs in Ireland, the incomes of medical men there have diminished by at least thirty per cent., and in some cases altogether. The landed gentry, who used to be the best patients of the doctors, no longer having any money to pay them, while those into whose hands the land has now passed have never been in the habit of paying the doctors anything.

A very interesting discussion took place at the Medico-Chirurgical Society, at its last meeting, on the origin of Chorea. The general conclusions arrived at were as follows:

1. That a large number of choreic patients

are liable to rheumatism. 2. That choreic patients are nearly always of a delicate constitution. 3. That chorea is sometimes caused by emotion, which may take the form of over-work, worry, or fright. 4. That chorea may cause permanent heart disease, but that it also gives rise to forms of heart disease which are not lasting. Females are distinctly more liable than males to chorea, just as they are to rheumatism, and the liability increases after the age of puberty to a very marked extent. It was urged that chorea was not, properly speaking, a disease, but only the manifestations of a disease, as to the nature of which we know nothing. The observation, however, would apply with even greater propriety to rheumatism, and would, *à la rigueur*, apply to most so-called diseases which are known to us, after all, only by associated symptoms.

The intelligent commanding officer of the First Royal Irish Rifles, Col. Burnett, has taken a step which will prove a boon to his regiment and which, it would seem, is greatly to be desired, should be adopted throughout the army. It is a notorious fact that a great deal too much bread is issued to the British soldier, while his allowance of groceries is far too short, requiring, in fact, the expenditure of between three pence and nine pence a day in order to make the rations equal to those of the average laborer. The Colonel also discovered that the bones of the meat were thrown away. He, therefore, ordered that these bones should be converted into excellent soup and that the money saved on the bread should be expended in the purchase of herrings, jam, butter, marmalade, cheese and bacon for the mens' breakfast. Heretofore the last meal the soldier gets has been at four o'clock in the afternoon, consisting of tea and bread. But the Colonel, by using the bones, is enabled to give them a supper of either Irish stew and coffee or a large bowl of nutritious soup. It is attention to such things as these that would make the soldier's lot a happier one.

A discussion has lately been going on as to the cause of baldness, which is more common among men than among women, and the following are some of the points

brought out. It is not due in the majority of cases to excessive mental activity, but, rather, to dissipation, syphilis, wearing heavy hats with tight hat-bands and without ventilation, and indulgence in various forms of dissipation. Want of out-door exercise is another cause. It is thought that if it were attended to early, it might be in many cases, prevented.

Mr. Lawson Tait, with two other practitioners of Birmingham, have lately taken over one of the leading medical journals of that city, which will, no doubt, make a creditable appearance under such able management.

Trusting that your readers will excuse the desultory nature of my remarks, and hoping to do better next time,

I remain,

Yours sincerely,

TYRO.

## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, November 16, 1888.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

*Exophthalmic Goitre.*—Dr. Armstrong presented a young woman, aged 24, suffering from Basedow's disease, and said: In the spring of 1888 I treated her for chronic pharyngitis and rhinitis. In July she went to the country for a few weeks. On returning from the country she first came to my office on the 27th of September. I at once noticed the prominence of the eyeballs, found the pulse beating at the rate of 136 per minute, and distinct, though moderate, enlargement of both lobes of the thyroid gland, especially the right lobe. On examining the heart a systolic blowing murmur was heard at the base, also hæmic murmur over the great vessels of the neck. Any exertion, such as climbing stairs, caused very great dyspnoea. She has not menstruated since 1st June last; is not pregnant, at least there is no evidence of pregnancy, although patient was married in July. The eyelids follow the movements of the eyeball. I am giving her iron and quinine with belladonna for her anæmic state and applying the constant current over the sympathetic nerves in the neck

twice a week. The pulse is now reduced to 96 per minute. How much of the improvement is due to the galvanism of the sympathetic and how much to the medicinal treatment I am not prepared to say. Last summer I was able to reduce the rate of the heart beat in a marked case of exophthalmic goitre from 140 to 88, and there was at the same time a wonderful improvement in the patient's general condition. When treatment began she could hardly walk a block without resting, while in the autumn she could walk a couple of miles at a very fair rate without over much fatigue. It is only just to add, however, that I have quite recently heard indirectly that this patient has relapsed again, and is nearly, if not quite, as bad as ever. The case was an aggravated one, and of long standing, before the treatment was begun.

Dr. Laphorn Smith had seen as many as five cases of goitre. He now treats all such cases with the continuous current of 20 milliampères, and finds that the cases are markedly improved, though they are not completely cured.

Dr. Major asked if nasal symptoms preceded the exophthalmos. He found, as a rule, that exophthalmic goitre was preceded by not only nasal symptoms but also severe palpitation of the heart and marked general debility. Sometimes, however, its onset is quite sudden. It seems to be very prevalent among the Jews in Germany.

Dr. Trenholme referred to case seen by him in consultation with Dr. Ross, where the exophthalmos was very marked in a woman 50 years of age. His treatment usually consisted in improving the general health by tonics and change of life, etc., and the administration of phosphate of potash.

*Hypertrophic Cirrhosis of the Liver.*—Dr. Lafleur exhibited the liver and stomach from a case of hypertrophic cirrhosis. The liver, which weighed 8 lbs. 10 ozs., was of a bright yellow color, and very firm and elastic. The capsule was thickened, and there were a few recent adhesions between its upper surface and the diaphragm. The anterior border was thick and rounded. On section, the organ was seen to be universally bile-stained; the bile ducts appeared to be enlarged, and from them there exuded a light yellow bile. The cut surface was marked by little elevations which were the individual lobules raised above the general surface and surrounded by depressed bands of fibrous tissue. Under the microscope these bands were found to be composed of enucleated fibrous tissue, from which finer strands passed into the lobule around each of its cells, constituting the variety known as "unicellular cirrhosis." Many of the hepatic cells were completely atrophied, while others showed marked fatty degeneration. There was no evidence of any increase in the number of bile capillaries. The gall-bladder was empty and the bile-ducts pa-



tent. The contents of the large intestine were clay-colored, those of the small intestine of a light yellow color. The mucous membrane of the stomach, which was very thick, was thrown into deep folds, had a soft, velvety appearance, and was covered with an excess of mucus. In the kidneys, which were bile-stained and dark in color, the glomeruli and tubular epithelium were found to be swollen and oedematous. All the tissues of the body were bile-stained, the skin and mucous membranes intensely so.

Dr. Ross, under whom the patient was admitted to the hospital, stated that the history was typical of the disease. The woman, aged about 35, was a drunkard, and had suffered for years from alcoholic dyspepsia and bleeding hemorrhoids. The jaundice developed very rapidly—in a few weeks. When admitted to hospital she had decided jaundice, which rapidly deepened, was febrile, and under considerable nervous excitement, ascites was marked, the veins on the abdominal walls were enlarged, and the liver could be felt to be greatly enlarged.

*Actinomyces in a Bull.*—Dr. Lafleur exhibited the brain and skull of a bull in a case of actinomyces. The animal was a two-year-old bull, and had been suffering for a few days from some obscure nervous derangement. He was reported to have been very irritable, and had behaved strangely in a herd of cattle. Two or three days before his death he was noticed to be unsteady on his legs and walked with difficulty. As he was becoming quite unmanageable and useless, he was killed. A diagnosis of some form of cerebral tumor or abscess was made. On examination, the upper surface of the cerebral hemispheres was found crushed and covered with clot, the result of the method adopted for killing the animal; otherwise this part of the brain was normal. On examining the cerebellum, the left lobe was found to be enlarged, very firm, covered with knob-like projections, and firmly adherent to the occipital and temporal bones. The right lobe was encroached upon and flattened. A portion of the occipital bone with the left condyle was removed with the brain. The new growth in the cerebellum was found to be firm and elastic. The cut surface showed more or less dense fibrous tissue studded with minute bright yellow specks, which were most abundant near the surface of the tumor. The knob-like projections contained a large number of these yellow points. There was no ulceration visible. The ethmoid and sphenoid bones and the temporal bone of the left side were invaded by the new growth, the sinuses being filled with, and the cancellated tissue replaced by, a soft, spongy, gelatinous substance dotted over with the above-mentioned yellow points. In the temporal bone one of the deposits had softened into thick creamy pus. The external auditory meatus was lined with the same gelatinous material. On

dividing the skull longitudinally in the median line, a red, strawberry-like nodule, studded with small yellowish grains, was found occupying the orifice of the Eustachian tube at the most remote part of the pharynx. This was found to be continuous with the deceased growths in the ear and in the bones of the skull. No disease was found in the upper and lower maxillary bones. On microscopic examination, the small yellow granules both in the cerebellar growth and in that of the bones were found to consist of more or less regular star-shaped groups of the actinomyces fungus. In the cerebellum there was a large amount of recent small-celled inflammatory granulation tissue about these groups of fungi.

*Epithelioma of the Uterus.*—Dr. Lafleur showed a uterus removed by Dr. Wm. Gardner for malignant disease of the cervix. The growth was limited to the vaginal portion of the cervix, which presented a small fungating mass of granulations showing epithelial infiltration.

Dr. Gardner said this case was of particular interest, as malignant disease of the cervix was rare in a patient so young. She was but 24 years of age had been married five years, and was twice pregnant to full term. She had suffered from hemorrhages and other uterine symptoms since last May. He first scraped away the diseased portion and then cauterized. The growth presented the characteristic fungoid appearance, and was easily removed by the curette. After ascertaining the nature of the disease he decided on removal of the uterus, and, of course, the appendages also. The uterus was extirpated by the vaginal method, and the ovaries were found to be decidedly enlarged. This is the ninth day since the operation, and the patient's recovery so far has been rapid and uneventful. The chief interest of the case was the early age of the patient.

*Suppurating Appendicitis with Pyæmia and Stricture.*—Dr. Lafleur exhibited for Dr. Bell the organs from a case of stricture of the urethra complicated by suppurative appendicitis and pyæmia. The stricture was single, annular, and symmetrical, situated in the bulbous portion of the urethra. There were marks of old false passages around it, and a more recent one on the right side of the urethra which showed slight inflammatory reaction. The muscular wall of the bladder was hypertrophied and the mucous membrane thickened and pigmented. The abdomen contained fifty ounces of turbid yellowish fluid containing flakes of lymph, and there was lymph deposited both on the parietal and on the visceral peritoneum. The peritoneal inflammation was most intense about the liver, which was its starting point. The liver itself was honeycombed with abscess cavities of various sizes, formed by fusion of numerous suppurating foci, filled with thick, offensive, greenish-yellow pus. The infection had spread to both pleural



cavities, producing on the right side a sero-purulent pleuritis, and on the left a localized adhesion to the pericardium, which in its turn had become inflamed, a complete recent plastic pericarditis resulting. The appendix was situated beneath the cæcum, and at first appeared normal, but on dissecting it out there was evidence of inflammatory thickening about it, and when slit open it was found to be filled with pus and its mucous membrane ulcerated and deeply pigmented. No foreign body could be detected in its lumen. The infection had been carried to the liver through some small radicle of the portal vein involved in the suppuration about the appendix.

Dr. Roddick asked why Dr. Lafleur regarded the appendix as the centre of origin for the pyæmia. If the origin of the pyæmia was in the prostate, an early perineal section might have been of great service.

Dr. Geo. Ross said the case was of medical interest, as cases of pyæmia of uncertain origin are not rare. He was sorry the history of the case was so unsatisfactory, but from the results of the post-mortem he did not think the source of the pyæmia to be in the urinary tract. In life the evidence of peritonitis were not at all marked.

*Suppurating Cystic Ovary.*—Dr. Trenholme exhibited an ovarian tumor removed from a child 14 years of age, which weighed 14 to 15 lbs. It grew very rapidly, not three months since it was first noticed. The operation was of unusual difficulty owing to numerous and dense adhesions. Although there was a rise of temperature after the operation ( $100^{\circ}$ – $103^{\circ}$ ) the patient was now rapidly recovering.

*Fibroid Tumor of the Thyroid.*—Dr. Armstrong presented the enlarged right lobe of a thyroid gland which he had removed ten days previously from the neck of a little boy  $3\frac{1}{2}$  years old. The mother stated that that side of his neck was large at birth. It had grown slowly until six weeks before it was removed, when the increase in size became suddenly quite rapid, and reached the size of a large orange. Breathing during rest was not interfered with but became difficult on active exertion. The growth was slowly shelled out, each vessel being tied twice before dividing. There was scarcely any hemorrhage at all. Recovery perfect and without an unfavorable symptom. The stitches were removed on the seventh day, and union was complete.

Dr. Lafleur prepared and examined a section, and found the growth to be of the nature of a hypertrophy.

Dr. Shepherd said he had removed a similar tumor from a child. The growth was connected to the gland by a small isthmus. It seemed like a supernumerary thyroid.

*Sarcoma of the Nares.*—Dr. Major exhibited a specimen from a case of spindle-celled sarcoma

of the nose. The tumor occurred on the left side and showed externally. It was attached by a pedicle and was removed by a cold wire snare. The point of origin was destroyed by the galvanocautery. The intention was to punch out the seat of origin, but as all trace of the site was lost, it was deemed best to defer doing so, awaiting recurrence. Meantime the case is under observation. The growth developed very rapidly and attained the size of a small pigeon's egg in six weeks. Dr. Lafleur made the microscopic examination of the specimen. The patient was referred to Dr. Major by Dr. Phelan of Napanee, Ont.

*Some Cases of Retropharyngeal Abscess in Children.*—Dr. A. D. Blackader read a paper on this subject.

*Discussion.*—Dr. Hingston did not think these cases were rare. He had met with a great many in his practice. He always opened by means of a concealed bistoury. He did not think an anæsthetic was necessary or advisable, as where you can introduce your finger you can use an instrument, and there is less danger of the contents of the abscess finding its way into the trachea when no anæsthetic is given. He could not regard the practice of pressing out the pus from an abscess cavity as good surgery.

Dr. Major had met with three or four cases. He opened the cavity by a vertical incision, and the wound usually healed up in four or five days. In none of his cases were the children robust. The affection seems peculiar to children of a strumous diathesis.

Dr. Roddick referred to a case of a child three months old in the hospital in which the most alarming symptoms were present. Very difficult breathing and signs of pressure on the vessels of the neck. All these symptoms were immediately relieved by opening the abscess. The pus was reached by a director, the opening enlarged, and a drainage-tube introduced. The commonest cause in adults is necrosis of the cervical vertebra. Death has resulted from opening these abscesses without providing support for the necrosed vertebra owing to pressure on the spinal cord. If the abscess point in the neck, it is always safer and easier to open at the side.

Dr. Shepherd said the treatment and prognosis of these abscesses depend on whether they are localized or diffuse. According to his experience, most of these abscesses can be opened from the side of the neck.

Dr. Ross said a recent case of his illustrated the difficulty of diagnosis referred to by the reader of the paper. The child was able to swallow, but had a number of convulsions, and was evidently in considerable pain, but no cause could be made out. He examined the throat at his first visit, but was not able to do so thoroughly, and overlooked the abscess. After the abscess burst, the convulsions and other symptoms ceased. He could recall another case



where there was a strumous family history, and where the child subsequently died from hydrocephalus.

Dr. Trenholme had opened these abscesses by incision behind the mastoid muscle.

Dr. Blackader, in reply, stated that as he always opens these abscess cavities high up to prevent entrance of fluids, he found it advantageous to use pressure to evacuate the pus. To prevent the serious accident of allowing pus to enter the trachea he usually operated with the patient prone on a table with the head over the side.

## Progress of Science.

### PRESERVE YOUR INSTRUMENTS.

To preserve your instruments from rusting, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years, not even when exposed to a damp atmosphere.—*Columbus Medical Journal*.

### ERUPTION DUE TO ANTIPYRINE.

Tisé reports a case in which erythema was so extensive that a trained nurse persuaded the family that it was scarlatina. As already noted by Roulin, this patient also complained of an intolerable, general heat of the body, as well as showed an elevation of temperature immediately after taking the drug.—*Journal de Medecine*.

### NAPHTHALENE ENEMATA IN DYSENTERY.

Guitergoff (*New York Med. Abstract*) has had most excellent results with gr. vij to gr. viij of naphthalene to f3j of water for a single enema. He finds this quickly relieves the tenesmus and anal burning. Rest and sleep follow, and, in some cases, a cure results without any repetition of the enema. In other cases two or three enemata are required, at intervals of a few hours.

### TIN FOIL.

Chocolates, confectionery, dried fruits, cheeses, and other alimentary products are very often wrapped in what appears to be, and is described as, tin foil, but is really an alloy containing lead. This dangerous practice is now prohibited in France, and the tin foil destined for this use must, under penalty, be composed of "fine tin," that is, an alloy containing at least ninety-seven per cent. of tin. Here is a subject which may be worth the investigation of public analysts.—*British Medical Journal*, December 8, 1888.

### TREATMENT OF INFANTILE ECZEMA.

In the obstinate cases of eczema that occur in children during the second half of the first year, and affect particularly the face and extensor aspects of the extremities, Boeck recommends compresses of a weak solution of nitrate of silver (1 to 500), alternating with an ointment. The compresses are applied covered with gutta-percha paper for two or three hours night and morning, and a soothing ointment during the rest of the day and at night. The unguentum vaselini plumbicum suits very well.—*Vierteljahresschrift für Dermatologie und Syphilis*, June, 1888.

### ACTION OF ANTIPYRINE ON THE TEETH.

Among the inconveniences ascribed to the use of antipyrine, Dr. Galippe has brought to notice that in several cases in which the drug was administered internally the teeth were blackened by it. Dr. Galippe, who devotes himself to dentistry, could offer no scientific explanation of the manner in which antipyrine acts on the teeth; he, however, found that the teeth blacken the more readily when they have lost their enamel. But this inconvenience is only transitory, and may be removed by simply rubbing the teeth with oxygenated water.—*London Lancet*.

### STRYCHNINE IN NARCOTIC INTOXICATIONS.

In a brief but valuable article in the *Practitioner* for December, Dr. G. A. Gibson calls attention to the very great value of hypodermic injections of sulphate of strychnine in narcotic intoxications. The dose is from one one-hundredth to one-fiftieth of a grain, and the immediate effects are a marked increase in frequency and regularity of breathing. In some instances cited by the author, of chloroform narcosis where breathing had been entirely suspended, it recommenced immediately after the injection.—*The Saint Louis Med. and Surg. Jour.*

### CANNABIN IN BASEDOW'S DISEASE.

Valeiri, after using cannabin in three cases of exophthalmic goitre, recommends the following formulæ:

R. Cannabin.....gr. iv ss  
Sugar of milk, q. s.  
Make 5 pills.

S.—To be taken in 24 hours.

Cannabin .....gr. iv ss  
Distilled water..... 3 iij  
Syrup of orange flowers . . . 3 j m

S.—Take in teaspoonful doses in 24 hours.

Or, we may prescribe a decoction of 2 or 4-100 parts, or doses of m 15 or 30 of the tincture.—*Wiener Med. Presse*, No. 41, 1888.

## TO ARREST VOMITING.

Vomiting is one of those symptoms for which no apparent cause can be found, at times. Then it is that various remedies are tried, and this may partially account for the long list of never failing ones which we have, and which are often tried and found wanting. One that is sometimes successful is Randolph's mixture, composed as follows:

R Creasoti.....gtt. xx  
 Acid Acetic.....gtt. xl  
 Morphiae Sulphatis.....gr. ij.  
 Aquæ..... $\frac{3}{4}$  ij

M. Sig.: A teaspoonful every half hour for two or three doses.—*The Saint Louis Med. and Surg. Jour.*

## SNUFF FOR HEMICRANIA.

Ch. Liégeois recommends the following snuff for hemicrania (*Lyon Médical*):

R Quiniæ Sulphatis.....gr. xxv.  
 Sodæ salicylat. cryst ..... gr. xxv.  
 Morphiae muriat.....gr.  $\frac{1}{4}$

M. ft. pulvis. Sig.: Use as a snuff.

At the beginning of an attack of hemicrania, accompanied by pallor, a small pinch is to be snuffed every half hour until four are taken. The above should make about eight pinches. After the last pinch is taken, a granule of aconitine (crystallized) of gr.  $\frac{1}{10}$  should be taken. In an hour or two, after the inception of this treatment, the paroxysm will have disappeared.—*The Saint Louis Med. and Surg. Jour.*

## MALARIAL ORCHITIS.

Charvot (*Lancet*) has recently described a severe and very painful form of acute orchitis occasionally met with in subjects saturated with malaria, and probably due to the direct action of the malarial germ on the testicle. The orchitis appears during an attack of malarial fever and often at night. In a few hours the testicle is greatly swollen and painful, but the disease does not reach its height for two or three days; it then somewhat slowly subsides. Both the body of the testicle and the epididymis are inflamed and effusion into the tunica vaginalis occurs. Under full doses of quinine pain and inflammatory œdema quickly subside, but the absorption of the exudate is slow and is followed by more or less atrophy of the secretory substance of the gland.—*Polyclinic.*

## BENZOATED CHLOROFORM.

Dr. B. W. Richardson recommends the use of benzoated chloroform as an antiseptic of considerable service in the treatment of fetid wounds. It is made by dissolving three drachms of pure benzoic acid in twelve ounces of

chloroform, and filtering if necessary. In a case of fetid ulcer of the lower extremities, after the bandage has been applied, he prescribes a fluid drachm of the solution poured over or near the ulcer, the deodorizing effect being of the best character. He states that the solution is also the most effective that he knows of for removing the factor in troublesome cases of fetid exhalations from the feet. Used like eau de Cologne, he finds it advantageous to rub over the hands at a post-mortem examination, and for similar purposes where a disinfectant is required—*Asclepiad*, Vol. v, Mo. 19.

## A NEW DISINFECTANT.

It is stated that a new and powerful disinfectant has lately been discovered by a Parisian chemist, and if what he claims for it be true, it will be adopted for very many purposes for which disinfectants are generally used. The basis of the preparation has been obtained from coal-oil, and is a brown liquid of a not disagreeable odor. It is said to be the result of a peculiar saponification of the oil by a chemical process with a mixture of caustic soda. The value of the disinfectant was accidentally discovered by the discoverer, who, desiring to save a pet tree around which a lot of fungous moss had grown, sprinkled some of the mixture around the roots. By repeated use the excrescence was shortly afterward noticed to separate from the tree and fall to the ground. Horses were also sponged with a weak solution of the mixture and it was noticed that flies that generally pester the animals gave them a wide berth.—*Jour. Anal. Med. Ass.*, Dec. 1888.

## CASCARA SAGRADA.

Referring to the unsightly mixture produced when water is added to the official liquid extract of cascara sagrada, Dr. Irving says that this may be entirely obviated by the addition of a very small quantity of ammonia solution, which clears it to a bright ruby color seen by transmitted light, the transparency of which is not affected by the addition of a flavoring agent such as tincture of orange or by saccharin (*Brit. Med. Jour.*, Sept. 22, p. 691). It can then be dispensed clear with iron preparations, such as citrate of iron and ammonium, a combination which Dr. Irving says he has found serviceable, with or without small doses of digitalis, where the heart is enfeebled and constipation exists. Mr. Martin also reports (*Lancet*, Sept. 1, p. 420) that he has succeeded in subduing the pain of rheumatism after sodium salicylate had failed, by administering cascara sagrada in combination with that salt, the proportions being 15 grains of the salicylate with 10 minims of the liquid extract in orange flower water every three or four hours.—*Phar. Jour. & Trans.*



## PILOCARPINE IN DEAFNESS.

M. Boëke stated at the recent Otological Congress at Brussels, that he had used pilocarpine in 14 non-selected cases of deafness. The causes of deafness were cerebro-spinal meningitis in 5 cases, a fall on the head in four cases, various pathological lesions of the middle ear in 2 cases, drugs (sulphate of quinine, salicylic acid) in 2 cases, and an affection of the tympanum in 1 case. Of the 14 cases 7 were of several years' duration, and 7 of from 3 weeks to 6 months. The quantity of pilocarpine given in each case was from 65 to 560 millig. The duration of the treatment was from 2 to 6 weeks. Some amelioration was obtained in 3 cases, in one of which the deafness was due to cerebro-spinal meningitis. Boëke concludes that the results of the pilocarpine treatment are discouraging. Rohrer has used pilocarpine with good results in deafness due to labyrinthine lesions, the hearing increasing from 2 cm. to 2 or 3 metres. He gives 5 millig. internally, three times a day.

## SALICYLIC ACID IN MALIGNANT SCARLATINA.

Dr. A. Shakhovsky emphatically recommends (*Novosti Terapii*, No. 6, 1888, p. 208) the salicylic treatment of scarlet fever, the recommendation being supported by 125 malignant cases of the disease, with only three deaths. He always employs the following formula: R Acid: salicylic; gr. xv.; aq. distill. fervid., ʒij; syrup. aurantior, ʒj.; M.S. From a teaspoonful to a tablespoonful every hour during the day time, and every two hours by nights. The solution of the acid is said to be perfect, as well as palatable. In about two or three days the patient's temperature falls from 41° C. down to 38.5° or 38° C., reaching 36.5° C. about the tenth day of the treatment. To prevent any relapse (of fever and all) the mixture must be administered every two hours for two or three days after the defervescence. Dr. Shakhovsky assures that salicylic acid, when administered after his plan, successfully prevents all complications (such as uremia, dropsy, diphtheroid anginas, lymphadenitis, etc.), and even rapidly removes them when they are present. The salicylic treatment fails, according to his experience, (1) when it is resorted to too late (later than a fourth day of the disease of a malignant form), and (2) when there are simultaneously present certain severe chronic diseases or serious congenital defects.—*Provincial Medical Journal*, October 1, 1888.

## VLEMINGKX'S SOLUTION IN DIPHThERIA.

Vlemingkx's solution has long been known in the treatment of diseases of the skin

as a very active agent in certain cases. Dr. George E. Hubbard states in the *Medical Record* that he uses the clear solution undiluted by means of a spray, in cases of diphtheria, every half hour until the disease is under control and then at longer intervals. He states that "under the use of this solution in spray, even sparingly applied, the diphtheritic patches undergo a change in a few hours. The temperature soon subsides, and a general improvement in the condition takes place almost from the first application. In some cases the patches disappear entirely in a day. If the false membrane has developed rapidly before the physician has seen the patient, under the influence of the spray it will be effectual even then in arresting systemic poisoning, and sooner or later the tough membrane will detach itself. Do not by any means allow the patient to swallow any portion of the false membrane."

We append the formula for the preparation of this solution. It is as follows.

R Calcis.....	ʒss
Sulfuris sublimati.....	ʒj
Aque.....	ʒx

M. Coque ad ʒvj et filtra.

The boiling of this must be carefully done over a water bath in a graduated vessel. The filtration must also be closely watched, and the filtrate should be perfectly clear.—*St. Louis Med. and Surg. Jour.*

## SULPHONAL IN INSOMNIA.

By E. B. DOOLITTLE, M. D., Jeanesville, Pa.

Having noticed the very favorable results alleged by our German colleagues with this new hypnotic, I procured a sample for trial, and have thus far given it in about thirty cases of insomnia, some simple, others accompanying acute and chronic diseases. The results were uniformly good. The dose given, with one exception, was half a drachm.

In every case but one sleep followed in about an hour, lasting from four to eight hours. In one case it had no perceptible effect, but a dose of forty five grains afterward produced sleep of nearly six hours, and was followed by considerable languor, mental hebetude, and loss of appetite for twelve hours or more; in no other case were there any unpleasant after-effects noticed. Several of the patients had previously been taking chloral, and expressed themselves as having a more quiet and longer sleep after the sulphonol. In a few cases which had been quite obstinate, a few doses seemed to establish the normal habit, and so far no return of the insomnia has occurred.

A dose of half a drachm taken by myself produced in about an hour heaviness of the eyes, and slight vertigo on walking, followed by a quiet sleep of eight hours. The only after-effect

noticed was slight drowsiness, which disappeared in two or three hours.

Although these few cases are insufficient to be of much avail, I give them in the hope that thereby others who have suitable opportunities may give the drug a more extended trial. So far as these few cases go, they accord with previous reports, and seem to indicate that we may find in sulphonal a valuable addition to our hypnotics, and an aid in the treatment of an affection sometimes very troublesome.—*New York Med. Jour.*, Dec. 22, 1888.

### THE PATHOLOGY OF PERNICIOUS ANÆMIA.

*Ed. Jour. Am. Med. Assoc.*, November 3:—The article is a *resumé* of a recent contribution by Dr. Wm. Hunter to the *Lancet*.

Space is wanted for more than a summary of the results of the investigations, and some short comment upon them. In the first place, he concludes, pernicious anæmia is to be regarded as a special disease, both clinically and pathologically. It constitutes a distinct variety of idiopathic anæmia. 2. Its essential pathological feature is an excessive destruction of blood. 3. The most important pathological change to be found is the presence of a large excess of iron in the liver. 4. This condition of the liver serves at once to distinguish pernicious anæmia post-mortem from all varieties of symptomatic anæmia, as also from the anæmia resulting from the loss of blood. 5. The blood-destruction characteristic of this form of anæmia differs both in its nature and its seats from that found in malaria, in paroxysmal hæmoglobinuria, and other forms of hæmoglobinuria. 6. The view can no longer be held that the occurrence of hæmoglobinuria simply depends on the quantity of hæmoglobin set free. 7. On the contrary, the seat of the destruction and the form assumed by the hæmoglobin on being set free are important conditions regulating the presence or absence of hæmoglobinuria in any case in which an excessive disintegration of corpuscles has occurred. 8. In paroxysmal hæmoglobinuria the disintegration of corpuscles occurs in the general circulation, and is due to the rapid dissolution of the red corpuscles. 9. In pernicious anæmia the seat of disintegration is chiefly the portal circulation, more especially that portion of it contained within the spleen and liver, and the destruction is affected by the action of certain poisonous agents, probably of a cadaveric nature, absorbed from the intestinal tract.—*Epitome*.

### BRONCHO-PNEUMONIA IN CHILDREN.

Tordens says that the age of the patient is an important matter in prognosis. The younger the child, the less easily does it bear an attack of broncho-pneumonia, and children of less than

three months almost always succumb. The malady is much more fatal when consecutive to an infectious disease. The various medicaments recommended are the antiphlogistics, revulsants, expectorants, emetics, excitants, and hydropathy. Henoch prescribes local blood-letting in vigorous subjects. In case of excessive dyspnoea, in strong children, an amelioration may be brought about by subtracting a certain amount of blood. Cadet de Gassicourt denies to blood-letting the power of alleviating dyspnoea, and Tordens holds the same opinion. Dry cupping on the chest may aid in alleviating the pulmonary congestion without impairing the physical powers of the patients. Where there is a tendency to hepatization, indicated by soufflé at the same point for several days, a blister applied after the fever has diminished gives excellent results. Large vesications should not be used. Emetics are indicated when there is abundant mucus secretion from the bronchi; but care should be taken in employing them, on account of their tendency to cause prostration. Ipecac is one of the best emetics to use in broncho-pneumonia of children. In large doses it causes vomiting and lowers temperature. It is also an excellent expectorant. But in cases of capillary bronchitis or broncho-pneumonia Tordens prefers apomorphine given in doses of 1 or 2 centig. a day. It sometimes causes vomiting, but this is not followed by dangerous prostration. Hydropathy has remarkable efficacy in broncho-pneumonia of children. It causes deep inspirations, produces a cutaneous derivation, and acts favorably by the vapor of water with which it fills the atmosphere. Tordens envelops the patient from the neck to the umbilicus in cold or tepid water compresses. Vapor of water should be constantly disengaged in the room.—*Revue Générale de Clinique et de Thérapeutique*, No. 43, 1888.

### CLIMATIC INFLUENCE ON THE MORALS.

By DR. FELIX L. OSWALD.

*Pop. Science Monthly*:—Modern French scientists are nothing if not methodical, and have repeatedly called attention to the curious regularity in the geographical distribution of certain vices and virtues: Intemperance, for instance, north of the forty-eighth parallel; sexual aberrations, south of the forty-fifth; financial extravagance, in large seaport towns; thrift in pastoral highland regions. It is, indeed, a remarkable circumstance, that in the home of the best wine-grapes, in Greece and southern Spain, drunkenness is far less prevalent than in Scotland, or in Russian Poland, where Bacchus can tempt his votaries only with nauseous vodka. The idea that a low temperature begets an instinctive craving for alcoholic tonics seems disproved by the teetotalism of the Patagonian savages, who horsewhip every Spanish stimulant-monger without benefit of clergy. The



Lesghian mountaineers, too, observe the interdict of the Koran in the icy summit regions of the Caucasus; but there is no doubt that the bracing influence of a cold climate affords a certain degree of immunity from the debilitating effect of the alcohol vice, and that the Scandinavian peasant can for years survive the effects of a daily dose of alcohol that would kill an Egyptian fellah in a single month. But it is equally certain that the temperance of Southland nations is considerably facilitated by the abundance of non-alcoholic pastimes. The Spaniards have their fandangos and bull-fights, the Greeks their border raids, cocking-mains and horse-races; while the Scotchman, after six days of hard work, is confronted with the choice between the delirium of an alcohol fever and the appalling tedium of Sabatarian asceticism, and naturally chooses the less dismal alternative.

The question, though, remains if religious gloom itself is not an outcome of climatic influences. Cardinal de Retz, indeed, held that orthodox loyalty is a flower that cannot flourish north of the Alps; but it is more than probable that the survival of that plant has been greatly assisted by the conniving *bonhomie* of South European ecclesiastics, who, centuries ago, began to appreciate the wisdom of extending the practice of renunciation to the claim of consistency. —*Epitome*.

### MODERN CARDIAC THERAPEUTICS.

Eichhorst (*Centbl. für die ges. Ther.*, March, 1888), in very practical paper, gives some valuable hints regarding the more modern remedies in affections of the heart. Digitalis, he says, still holds the first place among these. It is of great practical importance that the remedy be given in conjunction with or immediately after alcoholic stimulants and excitants. Especially is this the case when marked cyanosis exists. Digitalis in those cases has no effect until the vagus center is stimulated by the administration of alcohol. When a quick effect is desired, the drug in the form of powder should be employed. In certain forms of kidney disease the powder may prevent threatened attacks of anemia. The powdered digitalis-leaves are very much increased in potency by the addition of calomel, not only in the dropsies of heart affections, but also in that occurring in emphysema, marasmus and in liver disease. The author thinks that the cumulative effect of the remedy is exaggerated. He has given it for months without noticing any such effect.

Next to digitalis, according to the author, stands strophanthus. Comparing the two, he says that digitalis is quicker and more certain in its action, but that strophanthus has the advantage in showing no tendency to cumulation, and does not seem to lose its effect by long-continued

use. Eichhorst has found strophanthus more efficacious in some cases than digitalis, especially in a case of exophthalmic goiter and in one of long-standing ascites. Sulphate of sparteine stands low in the list after the two foregoing drugs. It seems particularly applicable in cases of cardiac asthma. Next come preparations of caffeine, which have the advantage over the last named drug from their diuretic properties. *Adonis vernalis* and *Convallaria maiales* have but very slight effect on the heart, and are uncertain diuretics. In addition, they are likely to cause nausea and vomiting.

Regarding Oertel's method the author expresses himself as follows: In all forms of cardiac weakness it is advantageous to diminish the quantity of fluid ingested; the amount of fluid allowed should always be in proportion to the quantity of urine excreted. In reference to bodily exercise one should observe the greatest caution. Violent exercise may cause overdistension of the heart, and consequent sudden death. This is especially likely to happen in cases of fatty degeneration of the heart muscle. On the other hand, in cases of retarded action of the heart, from the accumulation of subpericardial fat, methodical exercise is advantageous in freeing the heart from its mechanical burden. —*N. Y. Medical Journal*.

### CONVALESCENCE IN TYPHOID FEVER.

By J. H. HUTCHINSON, M. D., Philadelphia.

*Med. Standard*, November, (Trans. Amer. Asso.):—The convalescence of typhoid fever is protracted and unstable in its dangers. Decline of temperature and pulse rate is its first evidence, but the favorable significance of this is overestimated. Very little will depress or elevate the temperature and pulse. The condition is one of great languor, marked pallor, cyanotic extremities and emaciation.

The differing opinions of authorities as to dietetic treatment show that the patient and not the disease is to be treated. Early return to solid food upon which the patient's friends so strenuously insist, should be opposed by the physician. The patient should be confined to milk for quite a period, then given broth, then a little milk toast. After perhaps two weeks, I gradually return to butcher's meat and other nutritious food. Constipation and prejudice are the only objections to milk diet. In too many cases premature giving of solid food by a patient's friends, or the experimental ingestion of an egg or farinaceous food has brought back the fever. Yet, in other cases where milk was persistently vomited, solid food has been retained. Whiskey is not invariably indicated, yet often might for the first time be needed. This should be determined by the same signs which indicate its use while fever is present.

Tonics, iron, pepsin, and hydrochloric acid are sometimes of use.

Complete rest is often needed in severe cases for the first week of convalescence. Return to active exertion and open air, though to be encouraged, must be very gradually, and proportioned to the strength. Change of rooms for fresher air and variety in surrounding, is desirable. These patients are peculiarly emotional. No exciting interviews or knowledge of unpleasant news should be allowed. Temperature is thus easily elevated, and a relapse brought on. Visiting days at the Pennsylvania Hospital are commonly succeeded by a recrudescence in the typhoid patients.

Ale, camphor, and opium sometimes help wakefulness. Urethan deserves trial. Diarrhea has varied causes; where it results from ulcers, still unhealed, silver nitrate hastens healing; if, from undigested food, appropriate soothing remedies are indicated. Constipation and fecal accumulations should be combated by enemata, and mild laxatives if necessary, such as fruits. Care is needed about exposure to cold. A predisposition to phthisis may be felt in a patient after recovery.

Relapses are caused by pain, excitement, over-exertion and improper diet. Though they sometimes occur without known cause, they are mostly due to abuses of well-known rules.—*Epitome.*

### SUDDEN HEART FAILURE IN DIPHTHERIA: ITS PATHOLOGY AND TREATMENT.

By DR. J. LEWIS SMITH, N. Y.

*Bost. Med. and Surg. Jour.*, November 15 :—From a very complete article on the subject we abstract the following: The theory of deficient innervation, or a true cardiac paralysis, Dr. Smith thought the most tenable hypothesis. It appeared to be applicable to the largest number of cases, and afforded the most satisfactory explanation of those cases in which death occurred during apparent convalescence, when the symptoms were fast disappearing, with the exception of the palatal or other paralysis; as well as the most satisfactory explanation also of the occurrence of those obscure cases in which the post-mortem examination shows an apparently healthy state of the heart. The theory of an arrested or deficient innervation of the heart, furthermore, furnished an explanation of the occurrence of the concomitant symptoms, such as vomiting, epigastric pain, and dyspnea, with an irregular respiration; since the heart derived its innervation from the same source as the lungs and stomach, viz., through the pneumogastric. In classifying the forms of diphtheritic paralysis he felt justified, therefore, in making a distinct class having the designation car-

diac paralysis, or, to adopt the French expression, cardio-pulmonary paralysis.

As to the treatment of cardiac paralysis, the reader said that it was evident from the nature of the trouble that it must be combated promptly and with the most active remedies. The patient should be kept quiet in bed, with the head low, and alcoholic stimulants administered at once. In sudden seizures hypodermic injections of brandy acted most promptly in sustaining the heart's action. Ammonia, camphor, musk and electricity were also of service; as well as the predigested beef preparations, peptonized milk, and other concentrated foods designed for those with feeble digestion. If the urgent symptoms were relieved by these measures, such remedies should be employed as were useful in other forms of diphtheritic paralysis. In addition to the beef extracts, concentrated foods, and alcoholic stimulus, iron and quinine, in moderate doses, were indicated. The use of electricity was suggested by the nature of the attack, though some physicians considered it of doubtful efficacy. If there were reasons to suspect the presence of lesions in the central nervous system, the galvanic current in short sittings had been recommended in preference to the faradic, while in ordinary cases either the direct or induced current might be employed. Strychnia, however, was regarded by good observers as the most efficacious nerve stimulant in the various forms of diphtheritic paralysis, and he referred to the testimony of Hensch, Reinhart and Gerasimon in its favor. Still, it was a fact that some physicians of experience state that they have not observed any marked benefit from this agent.—*Epitome.*

### PERISCOPE.

#### TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN WITH APPLICATION OF ICE.

Dr. Angel Money, Assistant Physician to University College Hospital, London, in a communication to the *Lancet*, June 2, 1888, says that he has treated many cases of severe broncho-pneumonia in infants and children with applications of ice-bags. The cause of pneumonia does not, in his experience, influence the employment of the ice-bag. It may be used with much success even in cases of broncho-pneumonia secondary to tracheotomy, but still more favorably in cases occurring in influenza and measles. The smaller the child, the more marked, he says, are its effects. In very small infants, under one year of age, the ice-bag may be placed on the head, the hair having been previously thinned and shortened if necessary. The treatment, to be successful, must be carried out with a will and systematically. As a general rule, the temperature in the rectum affords the best guide to the application of cold, and those



acquainted with broncho-pneumonia well know the highly marked remittent or almost intermittent character of these affections. Ice-bags have the objection that they often give rise to a little wetting of the child; but this has not, in his experience, proved injurious to the patient. Lister's tubes have been tried, and have some advantages, being especially valuable when an intelligent nurse is in attendance. In severe cases, in which a rapid effect is required, two ice-bags have been placed on the head and one over the chief seat of consolidation in the lungs. With a little management, he says, it is not difficult to keep these in place; certainly not when the neuro-muscular prostration is marked, as it almost always is in severe cases. The chief merits of this treatment, he says, consist in the maintenance of the strength, not only of the heart, but also of the respiratory centres and of the nervous and muscular systems. Although otitis media occasionally occurred, yet this has not been more frequent than in cases treated without cold. Albuminuria, he says, is not rendered worse by the cold, nor have any cases of hematuria been observed, although Dr. Money has been at some trouble specially to collect and test the urine. The duration of the disease he declares to be, on the whole, shortened. Convalescence is almost invariably rendered more rapid, doubtless because of the conservation of the child's energy.

Not only, he says, does the cold directly quiet the heart and steady the circulation, but the calming of the nervous system also acts indirectly in the same direction. The respiratory centres are similarly beneficially affected. The heat-regulating apparatus manifests more clearly the same beneficent action, and the temperature-chart shows a similar harmonious effect. It is curious to observe the almost immediate cooling of the whole surface of the body soon after the application of ice to any part, this cooling effect being perhaps best marked when the ice is applied to the head; the hands, previously red and hot, become cool and slightly blue. The change is decidedly favorable, notwithstanding the supervention of the signs of feeble circulation in the exposed parts of the skin. Vomiting diarrhoea, alone or in combination, may require treatment in the cases under consideration; the cold method, he says, does not increase diarrhoea, but certainly tends to stave off vomiting. Stimulants are to be used when indicated, but they are less apt to be necessary under this treatment. There is, he says, a saving of expense all around: the cost of the illness is lessened and there is less expenditure of reserve strength.

#### NARCOLEPSY—BRIEF REPORT OF A CASE IN PRACTICE.

By H. D. Dowsley, M.D., Kingston.

Canada Lancet, November:—A blacksmith

by trade, aged about twenty-eight years, a powerful, well-built man, apparently in good health, was subject to short attacks of deep sleep, lasting a few minutes, from which he would awake refreshed as from a natural sleep. The attacks of sleep would occur at any time, regardless of the hour of the day, or degree of temperature. On one occasion when driving to town in the morning, about 9 o'clock, of a winter day, sitting upright in a sleigh with a companion by his side, and driving through pitches, he fell into a sound sleep, still retaining his position, upright in the seat. He slept for a few minutes, and woke apparently quite refreshed.

There were no symptoms of premonition; no symptoms of a convulsive nature, either preceded or followed the attacks, which occurred at intervals of a few weeks, and sometimes more frequently. The family history, as far as known, was good. This affection, which appears to be a neurosis, has received the name of narcolepsy, and Legrand appears to look upon it as a true neurosis. The patient was treated with arsenic and iron. He thought he had made some improvement, from the fact that the sleeping attacks did not occur so frequently, otherwise there was no change, the attacks being the same when they did occur. Speaking from memory, the attacks in this case have occurred during the past fifteen or sixteen years, with the frequency stated. If, as Legrand supposes, this is a true neurosis, the improvement, if any, was probably due to the arsenic.—*Epitome.*

#### SURGERY OF THE BRAIN—BASED ON THE PRINCIPLES OF CEREBRAL LOCALIZATION.

By ROSWELL PARK, A. M., M.D., Professor of Surgery, Medical Department, University of Buffalo.

In brief, of White's one hundred tumors only nine could have been removed—namely, one tuberculous nodule, four sarcomas, two undetermined tumors, one cyst, and one myxoma. In other words, 9 per cent. could have been attacked *providing* a fairly accurate diagnosis had been made. *Ante-mortem* diagnosis, however, and anatomical diagnosis are two very different feats. Of the above-mentioned nine, five were located in the cerebellum, one in the frontal lobe, and one in the extremity of the occipital. It is very doubtful if these seven could have been recognized accurately enough during life to have justified attack, while the myxoma was impossible of diagnosis. We are then narrowed down to one tumor out of the hundred which was susceptible of both exact localization and extirpation, even when looked at in the light of the acquirements of to-day. This is not a very favorable showing, to be sure, and is to be accepted only for what it is worth. If it has any very striking bearing I should regard it as

only another argument in favor of tentative exploration.

### *The Operation for Intracranial Tumor.*

With regard to the technique of operations on the cranial contents, Mr. Horsley has left but little to be added to the admirable remarks which he has published in the "British Medical Journal," October 9, 1886, page 670, and in the same journal for April 23, 1887, page 863.\* To these papers of his the reader and the student of the subject should certainly be referred, and the writer will make no effort to copy his observations in detail. Nevertheless, owing to the extreme importance of the subject and the general interest in it, a brief rehearsal of the most important points in operative technique will not be out of place here.

*Preparation of the Patient.*—The patient's head should be shaved two or three days before the operation and carefully washed with green soap and ether, or a mixture of ether and turpentine. From that time the vault of the skull should be kept enveloped in a moist antiseptic compress. In this connection it is worth while to add just here that Dr. Keen has called attention to the utility of shaving the scalp in every case of suspected intracranial lesion, since in two cases he found scars after shaving which were previously unnoticeable.

Aside from this, the usual preparatory treatment suitable for all severe operations should be adopted. The anæsthetic should be chloroform, unless some peculiar feature about the case makes it unwise. Chloroform is known to have a contracting influence on the vessels of the brain; hence its efficiency in these cases. Mr. Horsley has suggested and advised hypodermic administration of morphine previous to operation, with a view of also profiting by its effect in contracting the cerebral vessels. Dr. Keen has resorted to ergot for the same purpose. To the writer it would seem that a combination of the two might be preferable to either alone. In case the patient was already so unconscious that no anæsthetic was needed, the hypodermic use of ergot would amply meet the indication. The lesion should be located as accurately as possible by the methods spoken of in another part of this paper. The writer would suggest the driving of a small, disinfected, headless tack through the scalp into the skull over the center of the area previously located. After dissection of the external flap this tack will serve to point out accurately the portion to be first attacked.

Another point in operative technique. In order to prevent hæmorrhage from the scalp during the superficial explorations, an elastic bandage may be tightly tied around the skull for as long a time as may be required. The

question might also be raised whether in some very extensive operations of this kind it would not be justifiable to put into practice that which Senn has shown can be successfully done upon dogs—namely, the isolation of the trachea and the application of a rubber bandage back of it around the whole of the neck. By this procedure he found that the most extensive operations could be done upon the brain or skull as bloodlessly as they are now done upon the extremities.

The styptic properties of cocaine solutions have led Keen and others to resort to them as hæmostatics in brain surgery. Experience must yet show their real value, but they are well worthy of a trial. We are not yet in position to say whether their secondary relaxing effects upon the vessels will lead to any unpleasant disturbance or hæmorrhage. For my own part I have also repeatedly seen benefit from the application of antipyrine solutions on account of its styptic properties. Antipyrine is not only a good hæmostatic, but has some antiseptic properties. It is possible, therefore, that a spray of a one-to-forty antipyrine solution, directed upon the exposed brain tissue, would prove of considerable benefit. In order to test this matter I have anæsthetized animals, and, after extensively uncovering the brain, have cut into it in various directions, and, after causing a free hæmorrhage, have directed upon the part a spray of three per cent. antipyrine watery solution. Invariably I have seen almost instantaneous evidence of its styptic virtues, and should not hesitate to use it at any time in operating on the human brain.

The old method of beginning the operation was to make crossed incisions. The raising of a semilunar flap, or one of horse-shoe shape, is much superior. This flap should have its apex in such a position that, as the patient lies upon his back, drainage may be made by mere force of gravity. There is an advantage also in raising the periosteum with the flap of the skull. While the Lister carbolic spray is not now often used, still most authorities agree that in theory and in practice it is safer to do these operations under the spray, although there may be no objection to using any other antiseptic, such as hydronaphthol, instead of the carbolic acid. In fact, it seems to me far preferable.

With regard to the methods of perforating the bone, the English and Continental surgeons differ. The former prefer usually the trephine and cutting bone forceps; the latter, the hammer and chisel. American surgeons for the most part agree in practice with the former, and the writer, for his own part, can not avoid the conclusion that the first exploration, at least, can be made more readily with the trephine than in any other way. Those whose facilities permit the use of the surgical engine will find it to be an admirable adjunct to cranial surgery.

\*Vide also papers by Macewan, "Med. News," Aug. 18, 1888, p. 169, "Brit. Med. Jour.," Aug. 11, 1888; and by Weir, "Am. Jour. of the Med. Sci.," September, 1888, p. 219.



## CLASS-ROOM NOTES.

(From the College and Clinical Record.)

Ordinarily, one woman in eight is *sterile*; but in women who have fibroids, one in three is sterile. (Parvin.)

In *facial erysipelas*, where you cannot conveniently apply ordinary means, paint the part with a 10% iodoform collodion. (Prof. Gross.)

For a case of *trifacial neuralgia*, Prof. Da Costa ordered five drops of tinct. of gelsemium t. d., increased until double vision results; also a full diet.

In *posterior displacements of the uterus* always replace the organ before introducing a pessary; the frequent failure of its use is generally due to this cause. (Parvin.)

When there is a collection of foreign matter, is pus, in the *antrum of Highmore*, extract the first molar tooth (or more, if necessary), and drain the cavity in this way. (Sajous.)

For *universal eczema* in a child, Dr. Rex ordered bran baths and—

R. Acid. salicylic., gr. xv  
Vaseline, f ̄j. M.

Sig.—Use locally three times a day.

For *alopecia* Prof. Bartholow recommends—

R. Extract. pilocarp. fluid, f ̄j  
Tinct. cantharidis, f ̄ss  
Liniment. saponis, f ̄iiss. M.

Sig.—Rub in the scalp daily.

The following are the *means of arresting hæmorrhage*, arranged in their order of usefulness: ligature, torsion; acupressure; compression, forced flexion of a limb; styptics; and the actual cautery. (Prof. Gross.)

For *specific vaginitis*, Prof. Parvin ordered unecilaginous injections and warm hip baths in the acute stage, followed by injections of 1 to 1000 corrosive solution and tampons of boracic acid and glycerine.

For *fractures of the forearm* in the middle third or low down, Prof. Forbes uses two straight splints extending beyond the finger ends, thus keeping the fragments from being displaced by movements of the fingers, which is liable to occur if a short splint, like Bond's, is used.

Prof. Da Costa prefers the use of the bismuth test for sugar in the urine. Take equal parts of urine and liquor potassæ, add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present, the powder turns brown or black.

For *ptyalism*, Prof. Gross advises thirty grains of potassii chloras every four hours, and—

R. Liquor. plumbi subacet., f ̄j  
Aque destillat., f ̄viij. M.

Sig.—Use as a mouth wash.

For *diabetes mellitus* in a man æt. 44 years, in addition to the usual regulation of diet, Prof. Da Costa directed saccharine as a substitute for sugar to sweeten coffee, etc. Also half a grain of codeia morning and evening.

As a substitute for iodoform, iodol or subiodide of bismuth, which are worthless as *germicides*, Prof. Gross directs the use of hydro-naphthol to wounds which require it, as lacerated wounds, where there is danger of sloughing.

Prof. Da Costa recommends for the *sore throat of scarlet fever*—

R. Thymol, gr. iv  
Glycerini,  
Aque destillatæ., āā f ̄j M.

Sig.—Use as a wash (dilute further, if necessary).

As an external application to *enlarged lymphatic glands* in the neck of children the following is efficient:—

R. Potassii iodidi, ̄j  
Vaseline, ̄j M.

Sig.—Rub in thoroughly 3 or 4 times a day.

(Dr. O. P. Rex.)

For the *constipation of children* where the stools are clay colored and hard, for a child one year old, Dr. Rex recommends:—

R. Podophyllin., gr. ̄i  
Spirit. vini rectificat., ℥xx  
Syrup., f ̄j M.

Sig. f ̄j ter die.

The following formula is used for introduction of medication into the uterus or vagina for the prevention of or during *puerperal sepsis*, at the Philadelphia Lying-in Charity Hospital:—

R. Iodoformi, gr. lxxx  
Pulv. acacie,  
Pulv. amyli,  
Glycerini, āā gr. xv  
Gelatin., gr. iiss M.  
Ft. bolus j.

(Dr. Charles Meigs Wilson.)

The proper thing to do for a case of *sunstroke* or *heat exhaustion* is to remove or loosen clothing about the neck; do not move unless hospital is near; throw buckets of water upon patient, or, what is better, rub down with ice. Get the bowels open; turpentine injections or croton oil if not too much exhausted, or inject cold water, or one-half drachm of glycerine, into rectum. For the stroke, draw blood if pulse is full and strong. Antipyrin is of great value, not only the immediate but subsequent result good. When he commences to recover, allow a bland diet. As one attack predisposes to another, patient should be careful in hot weather; go to mountains, if possible; keep the bowels open. To control convulsions, use morphine hypodermatically, or inhalation of small amount of chloroform.

# THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, FEBRUARY, 1889.

## FURUNCLES OF THE AUDITORY MEATUS.

In our excellent contemporary, the *New Orleans Med. and Surg. Journal*, Jan. '89, there appears an editorial on the treatment of a very troublesome affection, furuncles of the auditory meatus. The article is based on Dr. Loewenberg's paper, read at the last International Congress, and, after pointing out the microbian origin of furuncles in general, it recommends the following treatment as being almost infallible: A pint of 1 in a 1000 sublimate solution, as hot as the patient can bear, is poured into a fountain syringe suspended a couple of feet above the patient's head, the nozzle is inserted well into the ear, and the whole pint is allowed to stream through the ear; this is repeated several times a day, or at least twice. In case there is perforation of the drum, the sublimate solution must be replaced by a hot boracic solution. With almost any other treatment these boils are apt to recur in crops, but with this treatment, we are assured that if the irrigations be continued for ten days after all symptoms have disappeared, there will be no recurrence. In our own practice we have had the most gratifying experience with the dry treatment of otorrhœa, which consists in cleaning out the ear in the manner above described, and then packing it gently

full with powdered boracic acid. The unpleasant odor disappears at once and for good, and the discharge is generally completely dried up after two or three applications.

## CONSULTATIONS.

The *New York Medical Journal*, (22nd Dec., '88) contains an editorial on the management of consultations, in which the following advice is given to the young practitioner:

The family physician may properly ask for a consultation whenever there is a doubt as to the diagnosis; whenever a considerable operation is to be performed; whenever the services of a specialist are needed, or whenever the responsibility of the case is too heavy for one person to bear alone. In each of the above cases it is presumed that a consultation would be gladly sought for by any sensible practitioner, but there are cases again where the family doctor feels quite able to diagnose and manage the case himself, and where, in fact, there is nothing difficult or obscure about it, but in which, however, he would do well to ask for one. In these cases the attending physician can feel a consultation in the air, and if he is quick enough to perceive it, he can diminish the mortification by asking for it himself. When the demand for a consultation cannot be foreseen, and when it does come, it should be gracefully acceded to; but the writer suggests that it may be robbed of its sting by some such remark as the following: "I have no objection to a consultation, if you wish it, but I must tell you beforehand that the disease will be cured in such and such a time."

We do not think it wise to oppose the family's choice of a consultant, although the writer of the article does not agree with us: he is of the opinion that it is better to retire from the case altogether, if the family has not sufficient confidence in their physician to allow him to choose a consultant. Our advice to the young practi-



tioner is to hold on to his case as long as he can, for if he retires from it the consultant will either keep the family's practice himself, or else he will hand it over to one of his proteges. When the attending physician finds that he must go, he had better part in an amiable and friendly manner, and, in nine cases out of ten, he will be reinstated before very long.

### THE TREATMENT OF SKIN DISEASES.

On consulting any standard work on skin diseases, in search of advice, which will help us to cure our patient suffering perhaps from some long standing disease of this kind, we will find no end of prescriptions recommended under the particular heading to which we turn. We may try the first of these, and each of the following prescriptions in rotation, and yet we fail to cure the case. And why? Because we have failed to remove the cause, which all the time is silently but surely working as hard in the direction of disease as we are working in the direction of cure. We think that the study of diseases of the skin is rendered a great deal more obscure and puzzling than there is any need for, by the almost endless nomenclature with which the slightest variations of one and the same disease are burthened. We venture to offer the following remarks on the treatment of diseases of the skin, in the hope that we may clear certain principles to guide the practitioner in the management of cases which have too often baffled all his skill. The simplest and most practical classification, it seems to us, is that based on their origin. All, or nearly all, skin diseases are due to:

- 1st. Parasites, animal or vegetable.
- 2nd. Specific or constitutional disease, either inherited or acquired.
- 3rd. To disorders of the digestive functions.

In the first class alone have local applications any real curative power. In tinea

tonsurans, tinea circinata and tinea versicolor, &c., the disease being due to a micro-organism, situate generally in the hair follicles, it suffices to introduce a germicide to the bottom of the latter to put an end to the disease. The most convenient remedy for this purpose is the dilute nitrate of mercury ointment, about one in eight, thoroughly rubbed in, which is used with so much success by Dr. Stephen Mackenzie, at the Skin Department of the London Hospital. If the parasite be an animal, as scabies, sulphur ointment works like a charm, if properly applied, as at the Hôpital St. Louis, at Paris, where some hundred cases of scabies are not only treated but cured every morning: the patient being given a hot bath, with soft soap, and then thoroughly rubbed with sulphur ointment, during which time his clothing is being roasted in a specially constructed oven, whence it is returned to him thoroughly disinfected by the time he has gone through his treatment.

When the disease is due to syphilis, it is only wasting time to treat the case as a local affection of the skin: you may spend years trying lotions and ointments, and not do, what can be surely done by means of mercury, in as many weeks. By far the largest number of skin diseases in our experience are due to disorders of digestion and assimilation. For instance, if food is not digested it will decompose: and the products of decomposition will as surely be absorbed. Acting as foreign matters in the blood, they are gotten rid of by the excreting organs, one of the principal of which is the skin. The products of the sweat and sebaceous glands are thus rendered acrid and irritating, with the result of blocking up their channels and causing retention of their secretions and excretions. In some cases the sweat and sebaceous matter directly irritate the sensitive papillæ of the skin, causing itching; in other cases, where there is not sufficient of the products of putrefaction to cause disease of the

glands of the skin, there may yet be enough of them in the blood to irritate the sensitive nerve terminals in the papillæ of the skin, causing an itching in the flesh, as the patients say. As examples of the former, may be given eczema and acne, and of the latter, urticaria and lichen. Thus it happens that eczema, which is one of the commonest diseases of children, and is nearly always due to gross errors in feeding, or over-feeding, may generally be promptly cured by putting the child on a proper and rigorous diet. In a future article we shall have something to say on the feeding of children, but in the meantime we cannot too strongly insist on more attention being paid to this matter by any one who undertakes to treat diseases of the skin. If the case has gone on long enough to produce an inflammatory deposit in the true skin, arsenic may be required as an alterative to promote absorption, but otherwise some simple antacids and stomachic such as Gregory's Mixture, or rhubarb and soda mixture, will render the secretions alkaline again, when the disease will disappear in most cases of its own accord. Even in skin diseases, due to vegetable parasites, attention to the digestive functions is an important element in the treatment, for where the carrion is, there will the vulture be; and if the system is saturated with the products of decomposition, it is in the very best condition for falling a prey to microspores. We trust that some of our busy readers will put the classification of skin diseases, laid down at the beginning of this article, to a practical test, for we feel certain that they will find it a good one to work on.

#### THE MODERN TREATMENT OF PERITONITIS.

In view of the fact that the majority of the text books in the hands of the practitioner advocate the treatment of this fell disease by administering narcotics in some form or other, and as this treatment is no longer the one which would give our

patient the best chances of recovery, we think we would do well to draw attention in our columns to the modern treatment by saline cathartics. Dr. W. H. Myers, in an exceedingly interesting article in the Journal of the American Medical Association, 24th November, 1888, sets forth very clearly the opinion of those whose opinion is most worth having, and which he obtained either from their latest writings and in some cases by direct replies to letters which he addressed to them. None of his authorities believe that there is such a thing as idiopathic peritonitis. Habershon, for instance, could not find a single case of idiopathic out of 501 instances of peritonitis occurring at Guy's Hospital. He relates a case of Sir Spencer Wells, which was treated in 1859, by morphine—three grains in 22 hours. Sir Spencer asked, "Did the morphine kill her?" We should be inclined to answer "yes." In 1868, Graily Hewitt said that the mortality of 48 per cent. after ovariotomy was mostly due to the peritonitis. Baker Brown said that it was the peritonitis that beat them. Tait now says that we beat the peritonitis; on the slightest indication of its appearance, after ovariotomy, we give a rapidly acting purgative, the bowels are moved and the peritonitis disappears. He says that this treatment was introduced by him in 1875 and is now almost universally adopted. How different, he says, from the views we had drilled into us years ago, that opium was the sheet anchor of the practitioner in all abdominal troubles, when I say that all opiates are forbidden in my practice.

Dr. Joseph Price, whose success in abdominal surgery is so well known, says that he has not the power of too strongly urging the use of salines upon the slightest indication of local or general peritonitis. I have never known them, he says, to disturb the vital power in any way other than to benefit.

It seems to us that the whole danger in



peritonitis is the paralysis of the intestines, whereby they may be bound down by adhesions, and gas may accumulate in them to such a degree as to actually prevent the diastole of the heart, and diaphragmatic respiration. The great advantage of the saline purge is that by osmosis, a large amount of culture fluid is drawn off from the peritoneal cavity, and septic germs are, therefore, left to starve instead of thriving, and the bowels never being left quiet for a sufficient time to allow the effused lymph to coagulate and bind them down. Since the saline treatment has been generally adopted, obstruction of the bowels from adhesions after ovariectomy is almost unknown. On his return from England, a year ago, Dr. Gardner stated at the Medical Society of Montreal, that in Mr. Tait's private hospital the nurses were held responsible if they allowed any symptoms of peritonitis to become manifest, their appearance being considered tantamount to a neglect of their duty to keep the bowels always on the move.

### NOTICES OF BOOKS.

**THE MODERN TREATMENT OF DISEASES OF THE KIDNEYS.** By Prof Dujardin-Beaumetz. Translated from the fifth French edition. By E. P. Hurd, M.D. 1888. George S. Davis, Detroit. Mich. Pp. 169. Price, 25 cents.

This is a very valuable little book, and deserves a high place among the numbers of the Physicians' Leisure Library. The anatomy of the kidney is given from a therapeutic standpoint, the subject of urinary secretion is impartially discussed, and enough urinary analysis is given to make the subject clear. The translator has done his work well, and has presented to the medical public an exceedingly valuable work on this subject.

**THE MODERN TREATMENT OF ECZEMA.** By Henry G. Piffard, A.M., M.D., Clinical Professor of Dermatology, University of the City of New York; Surgeon to St. Elizabeth's Hospital; Consulting Surgeon to Charity Hospital, &c., &c. George S. Davis, Detroit, Mich.

In the pages of this little book the author has

briefly pointed out the chief clinical varieties of eczema, and has sought to exhibit their etiology, so far as he understands it. He has also indicated the principal remedies found useful in the treatment of this disease, and has detailed at some length the best manner of applying them. As eczema forms such a very large proportion of all known skin diseases, the perusal of this little work cannot but prove of great practical benefit, and we recommend it to our readers.

**ANNOUNCEMENT.**—E. B. Treat, Publisher, 771 Broadway, New York, will publish, early in 1889, the Seventh Annual Issue of the English "Medical Annual," a resumé in dictionary form of New Remedies and New Treatment that have come to the knowledge of the medical profession throughout the world during 1888. The editorial staff of the forthcoming volume, will include articles or departments edited by Sir Morrell Mackenzie, M.D., (Laryngology), London, Jonathan Hutchinson, Jr., M.D., (Genito-Urinary Diseases), London, J. W. Taglor, M.D., (Gynecology), Birmingham, William Lang, M.D., (Ophthalmologist), of London, James R. Leaning, M.D., (Heart and Lung), New York, Charles L. Dana, M.D., (Neurologist), New York, H. D. Chapin, M.D., (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages at \$2.75, under copyright protection, and issued simultaneously in London and New York.

**AN INTRODUCTION TO PRACTICAL BACTERIOLOGY.** A Guide for Students and General Practitioners. By Thomas E. Satterthwaite, M.D., Professor of Pathology and General Medicine in the New York Post Graduate Medical School and Hospital, New York City. 1887. George S. Davis, Detroit, Mich.

It has evidently been the aim of the writer, in issuing this little monograph, to furnish both students and medical practitioners with a concise resumé of bacteriology, practical in character, and so extend more widely an interest in this most important topic. We must, at the outset, congratulate the author on having, in our opinion, been most successful in his undertaking. One chapter has been devoted to the subject of Germ Theories, and to the successive advances that have been made towards securing our present knowledge. Bacteriology, as a branch of medicine, has already obtained for itself a name and permanent place, in spite of the many obstacles and the vigorous opposition it has encountered; and this, too, in face of the fact that many of its fundamental principles are

shrouded in obscurity. But there is good reason to believe that the researches of the next few years will yield rich results, for steady progress is now being made towards the perfection of those instruments of precision that are necessary for future work. The whole little work is most practical, and will well repay perusal, and the book is more than well supplied with most instructive wood cuts.

**THE PHYSIOLOGICAL, PATHOLOGICAL AND THERAPEUTICAL EFFECTS OF COMPRESSED AIR.** By Andrew H. Smith, M.D., late surgeon to the New York Bridge Company, (Caisson Work), Physician to the Presbyterian Hospital, New York, &c., &c. George S. Davis, Detroit, Mich.

The writer of this work informs us that in 1873 he published a report on "The Effects of High Atmospheric Pressure, including the Caisson Disease," which embodied his experience as surgeon to the East River Bridge Company, during the sinking of the Caisson on the New York side, together with a resumé of the literature on the subject up to that time. As this subject is of some importance in the treatment of several lung affections, eg., Pulmonary Emphysema and Bronchial Asthma, those who desire to obtain the latest opinions on this subject cannot do better than consult this little volume. It forms one of the volumes of the Physicians' Leisure Library Series, and is well printed on fine paper, and in paper cover costs twenty-five cents.

**GRANULAR LIDS AND CONTAGIOUS DISEASES OF THE EYE.** By W. F. Nuttendorf, M.D., Ophthalmic Surgeon to the New York Eye and Ear Infirmary; Bellevue Hospital, Out-Door Department; Nursery and Child's Hospital, and the New York Infant Asylum, &c., &c. George S. Davis, Detroit, Mich.

The importance of an early diagnosis of contagious diseases of the eye is so evident, that it cannot be over-estimated. The fact is, that thousands of children in our public institutions have been suffering from conjunctival affections when their existence was not known to the officers in charge, and in many instances not even to the attending physician. This being the case, it is only by placing small practical treatises, of the nature of this little book, before the public, that will remedy the existing evil. It is especially in the chronic forms of conjunctival troubles, the outset of which is often very insidious, that the disease is overlooked or not recognized until its ravages have crippled the patient for the remainder of his life. Chapters I. and II. are devoted to methods of examination and means of diagnosis and the anatomy

of the conjunctiva. The symptoms and pathology of conjunctivitis, as well as its causes and treatment, are fully taken up in the subsequent chapters.

**THE DETERMINATION OF THE NECESSITY FOR WEARING GLASSES.** By D. B. St. John Roosa, M.D., L.L.D., Professor of Diseases of the Eye and Ear in the New York Post Graduate Medical School and Hospital: Surgeon to the Manhattan Eye and Ear Hospital. 1887. George S. Davis, Detroit, Mich.

The author informs us that the object he had in view in writing this little book, was that it should serve as a guide to the general practitioner in determining whether a given patient does or does not require glasses, either to aid the vision or to relieve a symptom that may not be directly referred to the eye. He does not consider the work by any means a complete manual of errors of refraction or failures in accommodation, but believes that a careful study of these pages will enable the practitioners to decide, in a large proportion of cases, when the question crops up, whether or not glasses will probably be of service. This little volume should prove of great value to the busy medical man, whose time will not permit the perusal of larger works on this subject; for every doctor knows what a troublesome affection headache is, and how obstinate it frequently is in yielding to therapeutic measures; occasionally every remedy fails, and the sufferer consults some ophthalmologist, who discovers, perchance, slight myopia or hypermetropia, applies suitable glasses, and the headache soon ceases. This is especially the case in young girls at school, who are placed in a bad light to study a book probably poorly printed in very minute type; the consequence is a constant strain on the child's eyes, and in time some serious organic change may be the result. Chapter I. deals with the invention and history of the Ophthalmoscope. Chapters II., III. and IV. take up the subject of Presbyopia, Myopia and Hypermetropia respectively. We can most heartily recommend our readers to secure a copy of this interesting little work.

#### PERSONAL.

Assistant-Surgeon Angus Mackay of the 22nd Battalion, (Oxford Rifles) Woodstock, has retired with his rank.

Dr. Matthew Joseph Hanavan, of Strathroy, Ont., formerly Assistant-Surgeon and Surgeon of the 28th Battalion of Volunteer Infantry, has been gazetted a Surgeon in the Infantry School Corps, (Permanent Militia) and has been assigned duty with "D" Company (Royal School of Infantry) at London, Ont.



# The Canada Medical Record

VOL. XVII.

MONTREAL, MARCH, 1889.

No. 6.

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## Original Communications.

### NOTE ON THE SUBSTITUTION OF OXIDE OF ZINC FOR LEAD IN PAINTS.

By J. LESLIE FOLEY, M.D., L.C.R.P. (London).  
Boston.

In the treatment of a disease the removal of the cause is the hegemony of all physicians. Once the feat is accomplished the malarly, for the most part, receives its quietus, the ice-bergs and shoals, the polar-sea-like uncertainty and difficulty encountered, pass away; one navigates his patient into the clear channel of a favorable termination, and all else is plain sailing. But, often unhappily, the vessel of the body becomes shipwrecked against some unforeseen glacier, ere the cause is discovered and removed. The shots which the physician fires from that double-barrelled gun, the armaementarium of the Pharmacopœia, fall short of their aim; the enemy, wily, dread disease escapes, and the patient is killed—by the disease of course. The older one grows in the Practice of Medicine the smaller ones Pharmacopœia becomes and the more one leans on Physiology and Hygiene. Perhaps in the dim future the science of Etiology will have become so exact, the causes so promptly recognized, removed and effectively treated that the many headed

monster yclept Disease, will be relegated to the limbo of the past, and its many quivered poisonous arrows, bereft of their sting. A Medical Millennium will, so to speak, obtain. However, this happy state of affairs is not yet, but a very long way off. We may have faint glimmerings of it, may hear its distant echo as it were “a voice in the rich dawn of an ampler day.” I do not mean to infer that eliminating lead from paints is going to bring this dream Elysian about, but, certainly, it will be one link less (though infinitesimally small) in the great chain of Etiological factors that go to make up disease.

It is hardly necessary to say that lead enters largely into the composition of paints. Principally, as white lead, the carbonate and the oxychloride. As is well known, lead is productive of many affections. Painters may put their hands to their face and block up its sebaceous glands with lead leading to a lead acne, or they may touch their mouth, while eating, and lead may be absorbed into the system, and set up a lead cachexia (lead paralysis, drop wrist, colic, peripheral neurites, &c.) The occupants of a newly-painted house may be poisoned by the absorption of lead. Again the fair sex, wishing to make themselves fairer, resort to painting their faces, and start an acne, or induce a lead paralysis. Painters

of all ilks are liable to the pernicious influence of lead, while led by the inspiration of their art, or the engagements of their occupations. How are we to obviate this? We may open our prescription book (infallible cloak for one's ignorance) and write out a formula for iodide of potassium, and, as we dry the nib on our pen-wiper, triumphantly say, there is the solution of the lead question. It certainly will render lead more soluble and eliminate it from the economy. But how much better never to let it enter in. This can readily be done (at least in the case of Paint Saturnism) by substituting oxide of zinc in their fabrication. The fact that oxide of zinc can be used instead of lead, although known to the profession, is not as well known as it deserves to be; and seems to me, to be more worthy of emphasis. As sanitarians, we inveigh against arsenical poisoning induced by wall-papers, &c., and quickly detect and reject the offending evil. Why are we not equally alive to the deliteriousness of lead poisoning harbored in paints. One of the largest dealers in paints in Boston has used oxide of zinc in place of lead and the result has been entirely satisfactory. Without wearying you with the relation of dry statistics and the tedious recital of cases, suffice it to say, that oxide of zinc is free from the poisonous effects of lead. It is cheaper; lasts longer; oxidizes quicker and mixes equally as well. A wholesome tang. With these healthy facts staring us in the face. Let the wholesome replace the unhealthy. Let us dethrone King Lead from the Kingdom of Paintdom, over which he has tyrannized so long, let us depose the tyrant, and let oxide of zinc reign in his stead. The pale-yellow color, so commonly seen in painters, the colic, drop wrist, constipation and other connoters of saturnine poisoning, will disappear; and the more rosy hue of the workers, and exuberant spirits, which are ever the accompaniments of health, will eloquently acclaim, the new regime.

The following inferences may be accent-

uated: (1) That lead is a prolific factor in disease, (2) that its removal from paints is praiseworthy, (3) that oxide of zinc is a desirable substitute.

## Correspondence.

*Editor CANADA MEDICAL RECORD.*

DEAR SIR,—

I would like you to insert the following experience I have lately had as it may be of interest to some of your readers.

I was attending a gentleman for tonsillitis, employing my favorite treatment of chlorate of potash and aconite, and under which he was progressing favorably, when one day on reading one of the six medical journals I receive, I noticed a lecture by Sir Morrell Mackenzie on tonsillitis, in which he strongly recommended guaiacum lozenges. I procured some and gave them to my patient with immediate relief to the soreness on swallowing.

A wealthy relative who called to see him saying that her own throat was sore received a half dozen of his lozenges to try, and she found them so satisfactory that she sent a long distance to get the prescription for them, which my patient could neither give her nor procure for her from the druggist. The result being that the said wealthy lady will have to come to me if she wants those lozenges.

This incident proves two things: That it pays to take several medical journals; and second, that for a young doctor at least, it is better not to give prescriptions.

This reminds me of a similar occurrence: A doctor noticed that a young female relative was very ill with anaemia and gave her a prescription to get a hundred Blund's pills. The effect was almost magical; so much so that some twenty or thirty of her lady friends suffering from the same symptoms obtained the prescription from her and were also cured. The only reward my



friend, the doctor, got was the knowledge of having done much good, but as he is poor and all these young ladies were comparatively wealthy, he thought it was hard that he should have received not even a thank you from any of them. Hoping that I have not tresspassed too much on your space and wishing the RECORD success, as it is one of the best journals I take,

I remain yours truly,  
K.

## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, November 30th, 1888.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

*A New Adenomatome.*—Dr. Geo. Major exhibited a new form of adenomatome recently devised by him.

Dr. Potts was elected a member of the Society.

*Arsenical Pigmentation.*—Dr. Laphorn Smith exhibited a case of chronic arsenical poisoning, resulting from the taking, in all, of less than an ounce of Fowler's solution in doses of five minims three times a day gradually increased to ten minims. As the patient now presented all the symptoms of Addison's disease, the bronzing of the skin being very marked, she might easily be taken for such a case if it were not known that she had been taking arsenic. As only one case of arsenical pigmentation had been shown to the Society during several years, the last being by Dr. R. L. MacDonnell, he thought that it might be of interest to any of the members who had not already seen it. The arsenic had been administered for pustular acne, which it had rapidly cured.

*Thrombosed Vein from Abscess in right Thigh.*—Dr. Lafleur exhibited the specimen and gave the following history:—The patient, a man about 30 years of age, had developed a phlebitis in the right thigh during an attack of typhoid fever. During convalescence a swelling was noticed about the middle of the inner side of the right thigh, which gradually increased in size and was accompanied by a rise of temperature. On incising this, a quantity of pus and blood-clot escaped, and with these a tough, greyish cylindrical body six inches long and about six lines in diameter at its thickest end, tapering slightly to the other extremity. A small piece one inch in length, having the same

appearance, was also observed. On examination, these were found to be necrosed pieces of a thrombosed vein, probably the internal saphena vein, in the course of which the abscess lay. The original phlebitis had been followed by suppuration about the vein, and the thrombosed portion had become necrosed and had come away with the contents of the abscess.

*Abdominal Cancer.*—Dr. Lafleur also exhibited specimens from a case of cancer of the stomach, involving the head of the pancreas, with formation of a pancreatic fistula. The new growth was limited to the lower and anterior portion of the wall of the stomach half an inch from the pyloric. In this situation there was a large cancerous ulcer one and a half inches in diameter and one inch in depth, with firm, raised edges and a dirty, greenish-grey sloughy base. On dissecting out the pancreatic duct, which was very tortuous, an opening was found in it on the floor of the ulcer about two and a half inches from its intestinal end. The pancreas in this situation was very much infiltrated with cancerous material. The liver contained numerous metastatic nodules of a pinkish-grey color, with yellow centres, showing marked umbilication. The glands in the transverse fissure of the liver were enlarged and infiltrated. On slitting up the bile duct no obstruction was found as far as the junction of the right and left hepatic ducts. The gall-bladder was moderately distended with clear bile, which could easily be expressed through the bile papilla. There was extension of the cancerous growth locally both in the peritoneum and in the right pleural sac. Microscopically the growth consisted of an imperfectly-developed tubular structure resembling gastric follicles and lined with cuboidal and round epithelial cells. Between the imperfect tubules there was also a growth of epithelium with a scanty stroma. An interesting feature in the case was the presence of sugar in the urine for some weeks previous to death.

*Excision of the Elbow.*—Dr. Roddick presented specimens of diseased bone removed by excision of the elbow-joint. The patient, a farmer, of about 40 years of age, came to the hospital with an abscess in front of the elbow-joint, which was opened by the house-surgeon. The first sign of disease was noticed about three months before coming to hospital. When examined by Dr. Roddick the joint was found to be involved and the articular surfaces of the bones diseased. He then decided on excision. The joint was dressed with antiseptic precautions and bone-drains employed. Recovery was rapid and complete.

*Foreign Body in the Bladder.*—Dr. Roddick exhibited a piece of a black gum-elastic catheter removed from the bladder of an old gentleman by the lithotrite. The fragment was about four

inches long, and was brought away complete, although very friable. Dr. R. stated that he fortunate enough at the second attempt to grasp the fragment almost exactly at one end and it was easily withdrawn.

Dr. Hingston had removed foreign bodies from the bladder four or five times. Twice a piece of catheter and once a lead pencil in the case of a boy of 12 years. The accident of breaking a catheter in the urethra is always a serious one, and not always easily guarded against when patients catheterize themselves. He related a case where a new bougie had broken and a piece remained in the bladder when used by a physician; after removal the piece was very friable and coated with phosphates. The lithotrite is the best instrument to use in these cases, especially Biglow's form, as it affords a good grip and is not so likely to cut the substance of the catheter.

Dr. Perrigo had two cases, one of a broken catheter removed by Dr. Hingston and one case of a hairpin in the bladder of a woman. The latter had been in some time, for when removed it was thickly coated with phosphates.

*A Strange Case in Gynecology.*—Dr. Lapthorn Smith related the following case:—

I was sent for early in the morning of the 1st of October to attend Miss T., who, I was informed, was in great pain from inability to pass her water. I found a pale, rather stout, and short girl, a little over 15 years of age, evidently in great suffering, which I speedily but with some difficulty relieved by using the catheter. There was profuse leucorrhœa, and on attempting to ascertain the cause of the retention by digital examination I was prevented from doing so by the smallness of the opening in the hymen, which I did not feel justified at that time in rupturing. On inquiry I ascertained that she had always enjoyed good health until a few weeks previously, when she came to the city from the country for the purpose of finishing her education, and at which time she had a similar attack of retention of urine. She had menstruated regularly and freely both before and since her arrival in the city, and the flow was accompanied with some pain, but the stoppage of her water on either occasion did not seem to have any connection with her periods. As she was studying more than her health could safely bear, and as she had become very nervous, I advised her to leave off some of her classes and prescribed some nervous sedatives, thinking that the bladder trouble might be merely a sympathetic affection, due to overwork. I heard no more of her until the 12th October, when I was again sent for to draw off her water, of which I took away a large quantity, very pale in color, and with complete relief. Being sent for again eighteen days later I was unable to introduce the soft rubber catheter which I had used before, and was obliged to have re-

course to the silver female catheter, which was introduced with great difficulty, and which, though six inches long, barely sufficed to reach to the bladder. The leucorrhœal discharge had now become fetid and somewhat darker, and I felt convinced that there must be something pushing the bladder up out of the pelvis and pressing on the urethra, and I therefore sent for her mother, whom I intended to come with her daughter to my office for an examination of the latter. By gentle and persistent pressure I succeeded in getting my finger through the hymen, but further progress was immediately arrested by a tense sac almost solid in consistence which completely filled the lumen of the pelvis, and which barely left room for the finger to be squeezed through between it and the symphysis of the pubis. On making a rectal examination, the finger did not go backwards along the hollow of the sacrum, but was carried forward and to the patient's right towards the symphysis of the pubis. Neither by vaginal, rectal, nor even bimanual examination could the uterus be felt, although by the latter method the tumor could be very distinctly felt projecting at least an inch above the crest of the pubis. By this time the patient had begun to suffer very considerably from constant pressure symptoms on the bowel and bladder, and these combined with the excessive factor of the discharge, which was becoming slightly colored and containing flocculi or grumes warranted me in thinking the case a serious one and in requesting the opinion of my distinguished elder brethren, Drs. Trenholme and Gardner, which they very kindly granted. Dr. Trenholme agreed with me in finding the pelvis full, but was unable to throw any further light on the question of its nature. He recommended early operation. Dr. Gardner was also good enough to examine her at his office, but deferred his opinion until he should have had an opportunity of examining her under an anæsthetic, for which he requested me to make arrangements at her home. On the afternoon of the 10th November she was anesthetized with a mixture of two of chloroform and three of ether, not having the one of alcohol which should have been in it, and which, I regret to say in my hurry of leaving my home, I omitted to add. The digital, vaginal and rectal examinations did not throw much new light on the case, so Dr. Gardner aspirated a small quantity of sanious liquor by plunging a fine needle into the centre of the growth or accumulation. On removing the needle he, without any difficulty, made an opening in the retention wall with his finger, so thin was it at this point, directly opposite the hymen. A lot of friable, cheesy material mixed with blood oozed through, and after a brief consultation I quite concurred in his proceeding to empty the cavity. This was done partly with the finger, and when that was no longer able to reach high enough,



he used a blunt scoop to remove a lot more. There was a good deal of hemorrhage, which was for the moment controlled by a douche of hot water containing a little Condy's fluid. On introducing the finger now it passed through a hard fibrous ring which led into a large cavity from which most of the contents had been scooped out. Stretching across this cavity many fibrous bands or trabeculae could be felt. The feeling of the hard ring reminded one forcibly of the rigid os of a woman of 40 in labor with her first child and well advanced in the first stage. In order to provide for freer drainage Dr. Gardner incised this ring, and as the bleeding was still rather free the cavity was stuffed with two long strips of iodoform gauze. The patient was put to bed and hypodermic injections of beef-tea were given frequently until she had recovered from the shock, and then a hypodermic of Battley was administered to ease the pain of which she complained. The vomiting was very severe, and never ceased during the next four days. Her pulse, however, gradually returned, and in a couple of days it had come down to 120. Nourishment was given per rectum, and was well retained for several days, after which the bowel rebelled and ejected what was put into it. She passed water freely and painlessly after the operation, and she had several natural motions. On the 12th Dr. Gardner met me again and we removed the iodoform gauze tampon without any return of the bleeding, and a double drainage-tube with a cross piece in one of them for the purpose of retaining it was introduced into the cavity, which was by this means regularly washed out every four hours with hot water and Condy's fluid. All went well for a couple of days longer, till the 14th November, when the tubes came out and could be re-introduced only a very short distance owing, apparently, to the cavity having either filled up or contracted. On the 11th, 13th and 14th the temperature had been subnormal, 97° to 98°, except on the 12th, when it reached 100° before the tampons were removed, and on the 15th, when it began to rise, reaching 102° on the evening of that day. The fever, which had been entirely absent since the operation, then returned, although the free irrigation had been constantly kept up. Early on the morning of the 15th she began to complain of severe pain at the bottom of the belly, which had all through been flaccid and free from tenderness, but more especially she suffered from a bearing-down pain in the rectum, which she attributed to the pressure of the drainage tubes, which I therefore removed on the evening of the 15th. As the pain continued to increase, and her recovery was decided to be hopeless, I gave her a hypodermic of Battley solution, and repeated it from time to time until her death, which took place early on the 16th November, six and a half days after the operation.

To resume: (1) She had always been remarkably healthy as a child, and the functions of puberty had been established without any apparent disorder. (2) She felt perfectly well until the retention of urine occurring at the middle of September. (3) Shortly after the retention a profuse discharge began containing specks of cheesy matter and which soon became foetid. (4) Menstruation continued normal in quantity and quality and without pain. (5) The symptoms of pressure on the bladder and rectum became so urgent as to require intervention of a permanent nature. (6) An exploratory aspiration was made to determine the nature of the mass which was found to fill the pelvis, but without any intention at that time of operating for its removal; but on finding the contents semi-liquid we deemed it advisable to avail ourselves of the anaesthesia to empty the sac and drain it. (7) Being an anæmic girl the unavoidable hemorrhage was sufficient to cause collapse, from which she slowly rallied. (8) Peritonitis set in (without pyrexia or swelling of the abdomen) owing to the impossibility of obtaining perfect asepsis. (9) The bowels were moved freely for several days after the operation, and after that the saline treatment was not possible owing to the uncontrollable vomiting, for which were tried ice, iced water, iced champagne, iced soda water, hot water and hot tea, the latter being the first thing which was retained, on the fifth day, when the vomiting ceased, and when she rallied somewhat. (10) The temperature was subnormal all the time, except the third and fifth days, when it rose to 100° and 102° respectively; on the sixth and seventh days it was subnormal again. (11) She passed water freely after the operation.

The above are the facts of the case, and I regret that I am unable to prove the result by a post-mortem examination, which I repeatedly endeavored to obtain, but which the dying girl begged her relatives not to allow, as her last request.

I have called this an obscure case of gynaecology, for the reason that the pathologist of the Society, on his first examining the specimens submitted to me, did not discover any sarcoma cells, so that in their absence the most likely conclusion to which Dr. Gardner and I were at first compelled to come was that we were dealing with a case of double uterus and vagina, one side of which had formed a large retention cyst, the contents of which had become purulent by the admission of air through a small fistulous opening, from which, also, a small quantity of the contents had exuded into the open vagina, thus giving rise to a foetid discharge. When we felt the fibrous bands stretching across the cavity, and when we saw the free hemorrhage following the breaking up of the contents, we were inclined to think that we were dealing with a sarcoma. Moreover, if it had been a case

of retained menstrual fluid, the contents would have been tarry, and not organized; as I believe there is no case on record of retained menstrual fluid ever becoming organized to the slightest extent. On the other hand, this hard fibrous ring reminded one forcibly of the open cervix of the hypertrophied uterus; for in all cases of retention, the continual efforts of the organ to expel these abnormal contents result in a real hypertrophy of its muscular walls. The fact that menstruation had been going on regularly for several months was, of course, against retention, and could only be explained by there being a double uterus, one side of which was closed up and full of menstrual fluid, while the other side fulfilled its functions. The uterus itself could not be felt by any form of examination, so that we were quite in the dark as to whether there was one or two, or whether the contents of this cyst were due to retention or to malignant growth. Against the theory of malignant growth was the fact that she had had no pain in the pelvis or abdomen other than what might be reasonably referred to pressure on the bladder. Against the theory of the tumor being due to disease of either the uterus or ovary was the fact that the rectum was carried forwards and to the right until it occupied the small place between the tumor and the right symphysis pubis: and the finger in the rectum could feel on either side a band which seemed to be the rectal fold of the peritoneum which had been lifted forward with the rectum by the growth developing behind it.

Just before the meeting, Dr. Lafleur informed me that he had succeeded in finding some large round sarcoma cells, which, of course, has now made the diagnosis clear; and it is some consolation to know that in view of the very rapid growth which the tumor had made within two or three weeks, that the patient could not have lived in any case more than a few weeks longer. While, on the other hand, the tumor being so firmly wedged into the pelvis, and possibly growing from the posterior part of it, the result of abdominal section would have been instantly fatal. This displacement of the rectum forwards would seem proof positive that the tumor must have grown from the back of it; but Dr. Gardner, in the case which he will report, and of which he has the specimens, obtained from the post-mortem, proves that the retained menstrual fluid cyst, in developing, had pushed the rectum forwards and to the right in precisely the same way.

*Discussion.* — Dr. Trenholme said that through the courtesy of Dr. Smith he had seen the case some three weeks before death. The girl at that time was in general good health and free from suffering. On examination, found the left and posterior part of cavity of pelvis to about one-third of its surface occupied with a sessile growth, immovably covered by or bound

down to the periosteum or walls of the pelvis. The growth bulged into the cavity and filled nearly half the space; was of round, uniform contour, except where it seemed constricted about half an inch below the brim of the pelvis by a dense fibrous band. The growth was non-fluctuating and extended from the lower margin of the pubis and ischium to a slight distance above the brim. Per vaginam, found the uterus high up and pressed to the right side, but quite free and movable. Both per vaginam and rectum, could feel the mass as far as the crowning part of the growth; could not detect fluctuation; was in doubt as to the exact origin of the growth, but he wrote Dr. Smith that he regarded it as a myomata, and that it should be removed at once. These facts lead him to wholly dissent from the conclusion reached by the reader of the paper and Dr. Gardner, that it was a growth due to retained menses in a double uterus. There never had been any menstrual trouble, which was hardly compatible with that view. The mobility of the uterus and its entire separation from the tumor, together with its rapid growth and still more rapid changes during the two weeks between his examination and that of his friend Dr. Gardner, utterly precluded the thought of a double uterus and retained menstruation. In fact, the exhibition of the pathological specimens would alone suffice to convince him (Dr. T.) that such was the case. It was much to be regretted that no post-mortem examination was obtainable. Dr. T. would have operated by laparotomy had the case fallen into his hands, as he expected it would have when first consulted. He much regretted being absent from the operation.

Dr. Gardner reported a case which had been sent to him from Brockville, the symptoms of which had a similar onset to the case of Dr. Smith. He emptied the cavity and irrigated thoroughly, and felt sure that he had saved the patient as she did well until the seventeenth day, when the drainage tubes came out, and, unfortunately, were not replaced for several hours, the result being that her temperature immediately rose, and she died a few days afterwards from peritonitis. He thought at first that this case of Dr. Smith's was one of retained menstruation, but changed his opinion somewhat on perceiving the organized condition of the contents of the cyst, as in the case of his own, to which he had referred, the contents of which were tarry. However, on learning from the pathologist that no cancerous cells could be found, he was forced to the conclusion that this was a case of double uterus with retention, and with malignant degeneration of the lining membrane of the organ. The subsequent report of the pathologist stating that round sarcoma cells had been found had, of course, considerably shaken his opinion.

Dr. Lafleur said that he could not accept Dr



Smith's view of the case as one of double uterus with retention. He regretted that Dr. Smith had accepted as final the evidence of the first examination, which was hasty and necessarily imperfect from the condition of the specimen. The history of the case and the subsequent microscopic examination of the fragments removed pointed conclusively to a rapidly-growing periosteal sarcoma. The specimen showed large round cells embedded in a granular matrix enclosing large and numerous blood-channels. In places the vessels had ruptured, and their contents were mixed with the sarcomatous tissue. A few spicules of bone were detected. Such sarcomas were very prone to soften and degenerate, producing cavities filled with bloodclot and shreds of the new growth. The firmness and resistance of the outer portion of the growth were due to a secondary inflammatory action, which was a frequent concomitant of rapidly growing tumors.

Dr. Roddick thought it was a sarcoma, and that Dr. Lafleur's explanation was satisfactory. He could not see that there was sufficient evidence to enable one to establish a diagnosis of uterus duplex.

Dr. Hingston said that as Dr. Trenholme had made out a freely movable uterus displaced upwards at an early examination, and had been able to pass his finger between the uterus and the growth, these observations, together with the forward displacement of the rectum, left no reasonable doubt but that Dr. Smith had to deal with a rapidly-growing tumor arising from the bone behind or partially behind the rectum. He could not see how it was possible for a tumor in front of the rectum to displace it to the right and towards the pubis.

Dr. Rutan said the evidence derived from the nature of the cyst contents was against its being a retained menstrual fluid. Extravasated blood could not be pent up for a prolonged period in such a cavity without its pigment becoming more or less completely changed into methæmoglobin and becoming of a dark or tarry appearance.

Dr. Shepherd said it was evidently a case of sarcoma and not of uterus duplex.

Dr. Wilkins referred to a sarcomatous tumor which had been sent to Dr. Fenwick, where the tumor contents were exactly similar to the specimens shown to-night by Dr. Lafleur. The tumor was the size of a child's head and of very rapid growth. Such tumors are prone to become highly vascular, and the contents to become friable and give rise to very serious hemorrhages.

Dr. Cameron agreed with the previous speakers as to the nature of the disease, and thought that Dr. Trenholme's observations made before the pelvis became blocked by the rapid growth completely negatived the diagnosis of double uterus.

Dr. Smith, in reply, expressed his regret at

not having been able to obtain a post-mortem, although he had made many repeated and strenuous efforts to do so. This would, of course, have cleared up the obscurity. Neither was he allowed to resort to abdominal section during life, as the patient felt convinced that nothing could save her, and she wished to die peacefully. He admitted that Dr. Hingston's point was very well taken, as it had struck him at the time of his first examination that it required something behind the rectum to push it forward. If he had known that there were sarcoma cells in the specimen he would not have so much entertained the theory of the double uterus. He was glad, however, that his paper had elicited such general discussion, and he begged to tender his grateful thanks to Drs. Trenholme and Gardner for their kindness in assisting him with this very serious and difficult case.

*Stated Meeting, Dec. 14th, 1888.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

*Ovarian Tumor.*—Dr. Lafleur exhibited the tumor for Dr. Wm. Gardner. It was multilobular, and contained a large quantity of yellowish, somewhat viscid, fluid which resembled pus. On examination, this was found to be due to extensive fatty degeneration of the cellular elements of the fluid, which were present in great abundance. There was no inflammatory reaction such as would occur in a suppurating cyst. The part of the tumor nearest the pedicle was solid, and on opening the largest cyst was found to be composed of a convex mass of papillary processes, very vascular, and covered with viscid mucus. In places the papillary projection had undergone fatty degeneration. This was particularly marked in some of the smaller cyst cavities. The surface of the tumor presented two patches, each about one inch in diameter, of a greyish-black color, which appeared to be necrosed. There was nothing to account for this change, as far as could be made out. A small piece clipped from the solid part of the tumor showed branching club-shaped papillæ covered with numerous layers of epithelial cells, the uppermost layer being cylindrical in shape.

*Abortion at the Fourth Month.*—Dr. Alloway exhibited fragments of a fetus removed from the uterus at the fourth month of gestation. Symptoms of threatened abortion had for some weeks existed. Suddenly the patient had a chill, with rise of temperature, and the operation was performed a few hours afterwards. Under ether the cervix was dilated with Goodell's powerful steel dilator to its full extent (1½ inches), and the contents of the uterus removed in fragments as rapidly as possible and the walls of the uterus curetted. The patient was up about a week afterwards, and has had no more trouble. Dr.

Alloway spoke of the fatal error so often committed of allowing the first or initial chill to pass by without interference. He held that the employment of antipyretics was largely responsible for this error which had cost society so many valuable lives, and much after-suffering in those it did not kill. He spoke strongly against the use of sponge tents or other kind of gradual dilatation. The method was not consistent with the attainments of scientific surgery of the present day. It could never be carried out as an aseptic procedure, and it was dangerous. Many cases of death have followed the use of tents which should not otherwise have terminated so, and it was not at all uncommon to be followed by severe attacks of pelvic cellulitis and months of anxious invalidism. Dr. Alloway said it was a great mistake to accept the statement of instrument makers that their sponge-tents were aseptically prepared; such statements were as absurd as they were untrue. These men merely sold their wares, and sold them under the auspices best suited to the unwary purchaser. Instrument makers assumed no responsibility, and the surgeon was over-trusting who gave them credit for any such attribute. On the contrary, Dr. Alloway spoke of the almost absolute safety of the use of the carefully kept steel dilator, the vagina being previously rendered aseptic and the operation carried on under irrigation. Of late he said that in such cases, after he was satisfied the uterine cavity had been quite emptied, he filled the cavity with carefully-inserted iodoform gauze, which he removed twenty-four hours afterwards. He spoke highly of his results with this method.

Dr. Armstrong said he preferred using large tents or a number of small ones, as by slow dilatation the os is not so liable to close again before the contents of the uterus are evacuated.

Dr. Gardner preferred Tait's rubber dilator, but also has good results from sponge-tents. He always disinfects the latter by rolling them in iodoform before using. He agreed with Dr. Alloway that in such cases as the one related rapid dilatation is to be preferred.

*Fibromata of the Os Uteri.*—Dr. Alloway also exhibited a small uterine fibroma (size of a walnut) which had originated in the cervical wall, had become pediculated, and hung from the os uteri. It was twisted off with the vulsellum. The case was admitted into the Montreal General Hospital suffering from severe metrorrhagia, and pelvic pain. She left hospital a few days after being relieved of the growth. Dr. Alloway spoke of the extreme rarity of fibromata of the cervix, and of the hæmorrhagic endometritis which was maintained by the presence of so small a neoplasm.

Dr. Alloway also exhibited the anterior segment of the cervix uteri, containing, just below the level of the internal os, a small fibroma (size of a horse bean). The parts had been re-

moved by Schröder's method of trachelorraphy. The patient was 40 years of age, had borne one child sixteen years previously, and of late years had suffered from menorrhagia and pelvic pain. Dr. A. also did, at same sitting, an anterior and posterior colporrhaphy on this patient.

Dr. Armstrong had a case of fibroid of the cervix in the Western Hospital. The tumor was the size of an orange, and projected into the vagina. It was easily enucleated, with complete relief from all previous symptoms.

Dr. Gardner said he had only met with one case. The tumor was the size of a hen's egg, with broad attachment, and occurred in a woman of 50 years. The growths were very distressing, and often gave rise to serious complications at parturition when long. He quoted a case in point where, at labor, it was found possible to raise the tumor above the pelvis, and thus allow of the passage of the child. The patient died of hemorrhage.

Dr. Gurd found a tumor the size of a small ball projecting from the os of a woman who consulted him for frequent hemorrhages. He intended operating, but the tumor enucleated itself, and was passed per vaginam.

#### *Stated Meeting, February 23, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Shepherd exhibited three anomalies found in the dissecting room of McGill College. In the first case the left common carotid instead of coming from the arch of the aorta came from the innominate the middle thyroid being very large and spreading all over the front of the trachea. This would have given trouble in a case of tracheotomy. The second anomaly was one in which the left inferior thyroid was given off from the right side of the neck, being a branch of the right subclavian and passing over the left. In the third the lingual artery was represented by the lingual branch of the superior thyroid, and instead of being found above was situated below, the cornu of the hyoid bone.

Dr. Armstrong showed a cancerous liver from a woman whose left breast he had removed two years previously and which had recurred in the axilla. He also exhibited the tubes and ovaries removed from a woman who had long complained, caused by a prolapsed and adherent ovary being pressed upon by a retroflexed uterus. On opening the abdomen, however, the tubes were found diseased, and they were both removed and the patient was doing well. The tubes have a tough elastic feel, and on making a cut across them they are felt to be brittle and somewhat cheesy, he thought they were tubercular.

Dr. Alloway thought they were a case of old pyo-salpinx, of which the pus had been partly absorbed.



Dr. Gardner also took this view. As this woman had worn pessaries for some time, and as she had had an attack of inflammation after the removal of one, he thought that the wearing of a pessary may have had something to do with the disease: he had seen several such cases. He would call it a case of pachysalpinx, and as there were adhesions all around the tubes and ovaries the woman had no doubt had several attacks of pelvic peritonitis. She had had no inflammation after her confinement, nor until three months ago when the pessary which she had been wearing was removed.

In connection with this case Dr. Armstrong related a case of a lady who developed puerperal peritonitis on the afternoon of her confinement. The abdomen was opened a few days later and a large amount of pus removed, but she died. At the autopsy a ruptured tube was found, she had been pregnant once before 10 years previous to this confinement. These cases showed the importance of removing diseased tubes, as a woman was never safe as long as they remained.

Dr. Latleur exhibited a tumor of the thyroid gland consisting of glandular structure surrounded by a capsule.

Dr. Bell stated that it was quite distinct from the thyroid gland, that it occurred in a patient 25 years of age, in whom it caused great dyspnoea—it was covered with large veins which were drawn aside and it was shelled out without requiring any ligatures.

Drs. Shepherd and Roddick acquiesced in the treatment.

Dr. Bell exhibited a sharp exostosis which had developed at the end of the shaft of the femur in an insufficiently covered stump. Also—a large quantity of material resembling vegetations which he had removed from the knee joint of a young man who had had a history of gonorrhoeal rheumatism, and who had been laid up for two years with joint affection. His occupation was that of a knife grinder and he had tubercular antecedents. Although Dr. Latleur and Dr. Bell said that they thought the disease was tubercular, and Dr. Kinloch that the man had exposed himself to great hardships, Drs. Shepherd and Roddick did not believe that there was any proof of its being tubercular; they thought it was merely a case of chronic inflammation of the joints.

Dr. Bell showed an arm which he had removed from a drunkard 65 years old for dry gangrene of the thumb and first finger due to thrombus of the brachial artery. He had a history of inflammation of the thumb and two fingers two years ago, and during the course of a spree a couple of months ago he fell down and hurt his arm at the bend of the elbow. Dr. Roddick and Dr. Shepherd thought the treatment very heroic, although the former admitted that Mr. Hutchison held that the high operation gave the better results, but Dr. Shepherd said

that Mr. Hutchison only referred to cases of senile gangrene.

Dr. Kinloch showed a pin with a large bead head and two inches long which had been swallowed by a child  $1\frac{1}{2}$  years old, which was passed by rectum two days later, without bad effects.

Dr. Ross read a paper on "Gastric and Duodenal Ulcers."

1st case.—Man 23 years old suffered from indigestion, black stools, vomiting, pallor and weakness, sometimes fainting; constipation, pain shooting up to the shoulder one hour and a half after taking food. There were splashing sounds over the stomach; no tenderness on pressure; never vomited blood, but he had often had blood in his stools, showing that it was duodenal ulcer. The dilation of the stomach was another significant symptom showing that there was obstruction.

2nd case was one of gastric ulcer. This patient had always had a firm conviction that she had swallowed a lizard, owing to there being greater peristaltic action of the intestines. As she was anxious to have the reptile removed, she was handed over to Dr. Bell, who performed an exploratory laparotomy with a possibility of removing some diseased intestine; but a hard tumor was found occupying the lesser curvature of the stomach, near the pylorus. The history of the disease had extended over nine years, during which there had been gastralgia, which is a constant symptom of ulcer of the stomach. Although it was impossible to say decidedly, Dr. Bell thought it was a malignant growth, while Dr. Ross was of the opinion that it was an ulcer with fibroid thickening of the gastric wall, of which he had seen several cases.

3rd case.—Cases of malignant adenoma of the stomach in a patient after suffering from dyspepsia for several years, died jaundiced; cancerous nodules being found on the peritoneal surface of the liver. There was general infiltration of the wall of the stomach with epithelial cells.

Dr. Guerin referred to a case of his own, who was under the impression that she had swallowed black beetles, and Dr. Laphorn Smith related several cases in his practice in which the peristalsis of the intestine was so exaggerated that they were plainly visible through the abdominal wall, giving the woman in one instance a firm conviction that she was the host of a large snake, which she remembered to have swallowed one day several years previously while drinking from a pond. This patient was extremely anxious to have her abdomen opened in order that the reptile should be removed, which request being refused, she angrily dismissed her physician.

Dr. Roddick thought the operation performed by Dr. Bell was justifiable for two reasons; first, to set the woman's mind at rest; and,

second, as a means of local depletion.

Dr. Gardner said there was no doubt that exploratory operations were frequently followed by relief, and he related a case in point.

Dr. Laphorn Smith thought that the relief was sometimes due to the breaking down of adhesions which interfered with the functions of the abdominal viscerae.

#### *Stated Meeting March 8th, 1889.*

DR. GARDNER, PRESIDENT, IN THE CHAIR.

Drs. Fenwick, Sutherland, Bell and Armstrong showed specimens of renal and vesical calculi.

Dr. Laphorn Smith exhibited a patient with a hard fibroid tumor, who had been sent to him by the late Dr. Kennedy. The measurements taken by the patient, and verified by himself, showed a diminution of five and a half inches at the largest part of tumor, although the patient had gained in fat both in her limbs and body, so that she could not wear the same sleeves to her dress. She showed a cloak which could not button on her on the 1st Jan., but which could now be overlapped four and a half inches. She had improved in general health so much that, instead of being an hysterical and broken-down invalid, she was now able to walk long distances and enjoy life. Since seven years she had been suffering with the usual symptoms of the tumor, among others, menstruating twice in every month, but they were all relieved in one month, and she was symptomatically cured by Apostoli's method in two months. Tumor was reduced more than one-third.

Dr. Buller exhibited an exostosis of the ear which measured ten millimeters in width and eleven in length, and which he removed by the aid of a fine steel wire snare.

Dr. Roddick showed a specimen of intussusception in the neighborhood of the ileo cæcal valve, which had been removed post-mortem by Dr. Munro of Newington. The vermiform appendix was involved in the strangulation.

Dr. Roddick remarked that this would have been a suitable case for operative treatment.

Dr. Lafleur showed a specimen of spina bifida which had been sent to him by Dr. Decow. The foetus was also hydrocephalic. There was no dura mater over the spinal tumor, which was only covered by arachnoid and skin. The pelvic development had been arrested as there were no acetabulae and there was talipes in both feet.

Dr. Decow stated that there had been no history of fright and the family history was all right. This child was the seventh. As the spina bifida presented, it appeared at first like a head presentation. Perforation was not required although considerable traction was necessary to effect delivery.

A committee was appointed to make a careful

dissection of it and to report at the next meeting.

Dr. Trenholme exhibited a specimen of extra-uterine foetation occurring in the practice of Dr. Stewart.

Mrs. West, of Melbourne, mother of two children, youngest  $2\frac{1}{2}$  years old, was attended by Drs. Stewart and Webber, of Richmond, for pain and vaginal discharges. She was supposed to be pregnant since June, and on 22nd Dec. she was taken with labor pains. But examination showed no signs of dilation of os. Fœtal heart could be heard below level of umbilicus. An opiate was administered, and the doctor was not again sent for until 18th Feb. Os still closed, but fœtal heart had ceased to beat. The sound showed the uterus to be displaced,  $3\frac{1}{2}$  inches in depth, and empty.

Diagnosis of extra-uterine foetation was therefore made. Dr. Trenholme was sent for 27 Feb., and the diagnosis being confirmed, an exploratory incision was decided upon.

On reaching the peritoneal cavity, the posterior layer of peritoneum covered the tumor, which had no sign of a pedicle. The tumor was then incised at its most prominent point, and the fœtus which occupied the left iliac fossa was extracted; the umbilical cord extending to the right iliac fossa, when the placenta seemed to be situated in the right broad ligament.

The cavity was cleared out, carefully sponged, and the lines of incision brought together with sutures, and a piece of antiseptic gauze was left for drainage. The subsequent history of the case was very satisfactory until Saturday, 2nd March, the fourth day after operation, when the patient suddenly collapsed, and died.

Dr. Trenholme said that the most interesting feature of the case was the situation of the fœtus which laid between the folds of the left broad ligament, while the placenta laid in the right side of the pelvic cavity. There were no adhesions anywhere between the tumor which was entirely outside of the pelvic cavity. In opening it he had to cut through fully 3-16 of solid tissue resembling the uterus and which he thought must have been muscular tissue developed from the broad ligament. He thought at first that he must have cut into a uterus, but on careful examination the uterus and ovaries were clearly felt in the hand lying below the tumor, the uterus being only slightly larger than normal. On opening the tumor about two quarts of liquor amnii escaped and the feet of the fœtus presented.

Dr. Armstrong said that it reminded him of a case which came to him at about six months' pregnancy with false labor pains. As the child was lying transversely and high up in the abdomen, and the sound showed that the uterus was empty, he felt pretty sure that he had a case of extra-uterine foetation. He kept her



under observation at the Western Hospital, where, about two months later, labor came on and there was a discharge of liquor amnii. As the os did not dilate, it was artificially dilated, when the uterus proved to be empty, but an opening was found at the left horn through which eventually the child was born. The latter died, but the mother made a good recovery.

Dr. Laphorn Smith said that Dr. Armstrong's case was precisely the same as one reported by Dr. Rodger some years ago. He wished to ask three questions:

What was the amount of hemorrhage?

How many minutes was the patient under the influence of the anæsthetic?

Were there any symptoms of peritonitis?

He also wished to ask a question which he did not think that anyone could answer: How could an impregnated ovum get out of the peritoneal cavity unless by breaking through the fallopian tube at the hilum of the broad ligament? In this case it must at first have been a tubal pregnancy, which had gradually separated the folds of the peritoneum.

Dr. Gardner adopted the view of Dr. Laphorn Smith, which was also the opinion of Lawson Tait, in all cases of ectopic gestation, that it was due to the rupture of a tubal pregnancy. He thought that it would have been better to have left the placenta for some time to become gradually detached, and thus avoid the serious bleeding which Dr. Trenholme must have had. He also thought that a glass drainage tube would have been more satisfactory than the antiseptic gauze.

Dr. George Ross asked whether Dr. Trenholme had any proof that his case was not a similar one to that of Dr. Ross and that of Dr. Rodger? The reason why he asked this question was because he had read the report of a case occurring to no less an authority than Goodell, in which the latter had been so sure that he had to deal with a case of extra uterine foetation that a notice of the operation was posted for a certain day. But when the class met for the purpose of witnessing it, he was obliged to inform them that the patient had delivered herself the night before.

Dr. Trenholme replied that he knew that this was not a case of mural pregnancy. 1st. Because delivery had not come on although the child had been dead nearly a month. 2nd. Because the sound would have gone in to the handle instead of three inches. 3rd. Because he had held the perfectly normal uterus in his hand after the operation, which latter was conclusive.

In reply to Dr. Laphorn Smith, he said that although there had been a large amount of venous oozing there had been very little arterial hemorrhage, and the anæsthesia lasted exactly 45 minutes. He could not explain how the ovum got out of the peritoneum.

Dr. Trenholme also exhibited a large fibroid

tumor which he had removed nearly a week ago from a lady who had been sent to him with a supposed ovarian tumor. There were no adhesions and the growth was easily lifted out of the abdomen, and a hempen snare was passed around the pedicle in order to control the hemorrhage, which it did effectually. The tumor had grown from the left cornu of the uterus. He sutured the pedicle at the lower angle of the wound and left the snare on so that he might control any after bleeding. About three hours after the operation bleeding did come on, but it was easily controlled by tightening the ligature. The patient is doing well, her pulse this seventh day being only 90 and her temperature 100.

Dr. Gardner said he preferred in these cases to place a rubber band around the cervix and transfix it with pins, and then to remove the uterus and all together.

## Progress of Science.

### SULPHONAL IN THE NIGHT SWEATS OF PHTHISIS.

Dr. A. Martin recommends sulphonal in the night sweats of phthisis. He gives it in doses of seven and one-half grains taken before going to bed. He says it has proved very helpful, securing a quiet natural sleep lasting from four to six hours.—*Wiener med. Presse*, July 22, 1888.

### PAINLESS TOOTH EXTRACTION.

Drs. Hénoque and Frédel, in a communication made to the Biographical Society of Paris, state that the extraction of a tooth may be rendered painless by spraying the neighborhood of the external ear with ether. The anæsthesia of the trigeminus so produced extends to the dental nerves, and thus renders the production of general anæsthesia needless.—*Med. Record*.

### THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

The members of the Philadelphia County Medical Society are informed that any member who has an appointment to read a paper before the Society will have it set up in type and two galley-proofs furnished him on or before the day of the meeting, provided his copy is placed in the hands of the Editor of the Transactions at least a week before the time it is to be read. This regulation must prove of great convenience to the authors of papers.—*Ed. Med. and Surg. Reporter*.

## PHOTOGRAPHY OF THE MALE BLADDER.

We hear that Mr. Hurry Fenwick, and Mr. Pearson Cooper of the London Camera Club, have been working for some considerable time at photography of the human bladder. Various obstacles were in turn recognized and overcome, and they have now so far perfected their vesical camera and method as to obtain good negatives of the interior of "dummy" and dead bladders. They hope before very long to describe a method of recording the appearances and progress of diseases of the living bladder. The negatives are taken *per urethram* through a tube of 23 French calibre (11 or 12 English).—*Brit. Med. Jour.*

## TREATMENT OF ASCITES BY FARADIZATION.

The treatment of ascites by faradization was recommended by Tripier in 1861, but Solfanelli, in 1866, was the first to report a favorable result from such treatment. The case was one of cirrhosis of the liver, and every means had been tried in vain to effect the removal of the fluid by increased diuresis. An increased excretion of urine was noted after the first application of electricity, and after four séances the ascites had entirely disappeared. As the casual hepatic condition remained unchanged, however, the fluid quickly reaccumulated. Dr. Muret has recently reported two cases of ascites, one following tubercular peritonitis and the other an enlarged spleen. In both cases a complete, though temporary, disappearance of the ascites was obtained by faradization.—*Der Fortschritt*, No. xx, 1888.

## EXTERNAL APPLICATION OF CHLORAL HYDRATE.

Dr. Nicolai (*Gazette Médicale*) has obtained very favorable results from the use of chloral hydrate in the night-sweats of phthisis. Every night before retiring the entire body of the patient was sponged with the following:

R—Chloral hydrate..... 3 ij.  
 Alcohol        } .....        āñ 3iij—M.  
 Water         }

Should this not suffice, the patient's night-dress is saturated with this solution, then allowed to dry, and worn.

This mode of treatment also gave excellent results in the night-sweats of children the result of phthisis. Two or three of these spongings will generally suffice to check a sweating which has persisted for two or three weeks.—*Bull. Thérapeutique*, December 13th, 1888.—*Med. News.*

## A COMPLAINT FROM CONTINENTAL EUROPE.

That the benefits of dispensary and clinical practice are enjoyed abroad, as well as at home, by those who are well able to pay for medical advice, is evident from a recent article in the *Bulletin Médical*, which states that even rich people are treated at the polyclinics in some of the French cities. This seems to be a general complaint with the Lyons doctors, who expect fees from the rich in order that they may not be obliged to impoverish themselves and their families through the exacting calls made upon them by the large number of poor operatives in Lyons. Again, the complaint is made that the polyclinics are so filled up with persons in easy circumstances that the poor people—for whom they were created—have little chance. It appears that these well to do persons are not at all particular about disrobing before a hundred students, provided they can save a dollar by so doing. The poor often show great delicacy in this respect, but give way to the force of circumstances. Polyclinics other than those of Lyons suffer from similar abuses.—*Ed. Col. and Clin. Record.*

## HILL CLIMBING FOR HEART-DISEASE.

At the Seventh Congress for Internal Medicine, held this year at Wiesbaden, an animated discussion took place on Oertel's treatment of chronic diseases of the heart by diet and exercise. Briefly stated, Oertel's aim is to strengthen the heart-muscle by a course of heart-athletics—*e. g.*, hill-climbing, the steepness of the paths being carefully graduated to suit the condition of the patients. In addition, he endeavors to lighten the work of the heart by limiting the amount of fluids supplied to the system and promoting their elimination. He puts great stress on the amelioration of the watery condition of the blood as being an important item in the treatment. In compensatory hypertrophy and dilatation, in acute diseases of the heart-muscle following on sclerosis of the coronary arteries or hæmorrhagic infarct, in myomalacia, and in cases of aneurism of the heart, the "dietetic-mechanic" method is contra-indicated. In conclusion, Oertel gives the result of three years of his method at Meran, Ischl, Reichenhall, Liebenstein, Abbazia, Baden-Baden, Kreuth, and Wildbad. The results are necessarily valuable, independently of all theories, and are as follows: 1. In cases of fatty heart in elderly people, where there is no perceptible sclerosis of the coronary arteries, and where there is serious plethora, turgid veins, and frequently œdema, the results have been decidedly favorable. 2. Re-establishment of lost compensation and compensatory hypertrophy in valvular lesions, and in impediments of the pulmonary circulation due to diseases of the spinal column.



3. Recovery of the heart-muscle from extensive dilatation (in so far as non-compensatory following weakness of the heart-muscle, and when caused by heightened intra-cardial blood pressure due to valve lesions.) 4. The best possible balance restored between the arterial and venous systems, decrease of the cyanosis, of the plethora of serum, and of the watery and even oedematous condition of the tissues. 5. Abatement and complete disappearance of the respiratory disturbances.—*Medical Chronicle*, September, 1888.

#### BUTYL-CHLORAL IN TRIGEMINAL NEURALGIA.

There are only a few remedies which exercise their action upon one nerve alone. According to Liebreich (*Therapeutische Monatshefte*, Nov. 1888) butyl-chloral is one of these; in doses of from 15 to 45 grains it produces anaesthesia of the trigeminal nerve. Liebreich has convinced himself of this in tic douloureux. Unfortunately it is not lasting in its effect, and large doses produce sleep. It is very serviceable, however, in neuralgia of the trigeminus in which the pain is not chronic. Rheumatic face-ache, pains occasioned by injury, toothache, either from an inflammation of the pulp or from periostitis, may be obviated by the use of butyl-chloral. He has used butyl-chloral with much satisfaction also in cases in which at the beginning the filling of a tooth has exerted painful pressure.

The drug is disagreeable in taste and difficultly soluble. The following prescription for its use is suggested:

Butyl-chloral . . . . .	gr. xxx-lxxv
Spiritus vini rectificat. . . .	℥i
Glycerini . . . . .	f 3 v
Aquæ destil. . . . .	f 3 iii 5 vi

M. Sig. Take three or four tablespoonfuls at once.

The size of the doses is to be regulated by the intensity of the pain and by the condition of each individual patient.—*Wiener med. Presse*, Nov. 25, 1888.

#### NEW METHOD OF TREATING DIPHThERIA.

Hoyer defines his views on the nature of diphtheria and describes his method of treating it. Considering it to be a disease produced by a micro-organism invading a tonsil whose epithelium is lost, he devotes his attention to the prevention of this invasion, or to the destruction of the bacteria which have already attacked the tonsil. For this purpose he paints the tonsils with a solution of thirty parts of gallic acid, sixty parts of distilled water, and ten parts of glycerine. A brush of fine bristles is employed and considerable pressure exercised against the diphtheritic membrane. He carries out this pro-

cedure three times in succession, repeats it every six or eight hours, and continues the treatment until the diphtheritic membrane has disappeared. He prescribes also a gargle of one part of chlorine water and three parts of distilled water to be used several times between the application to the throat. The same mixture is to be injected into the nose in case of malignant diphtheria. Persons who are in attendance upon patients with the disease should also use a gargle of the same nature. The author declares that he cannot say sufficient in praise of gallic acid for the purpose indicated. It renders the putrefactive bacteria innocuous, hinders their growth and increase, by its astringent action on the tonsils protects against their absorption, and by the same action loosens the deposition upon them. It is also entirely uninjurious to the patients.—*Med. Waif*.

#### ACCIDENTAL RASHES IN TYPHOID FEVER.

In a paper upon this subject read before the Section of Medicine of the Royal Academy of Medicine in Ireland, Dr. John William Moore sums up his conclusions as follows:—

1. Not infrequently, in the course of typhoid fever, an adventitious eruption occurs, either miliary, urticarous, or erythematous.

2. When this happens, a wrong diagnosis of typhus, measles, or scarlatina respectively may be made, if account is not taken of the other objective and subjective symptoms of these diseases.

3. The erythematous rash is the most puzzling of all; but the prodromata of scarlet fever are absent, nor is the typical course of that disease observed.

4. This erythema scarlatiniforme is most likely to show itself at the end of the first, or in the third, week of typhoid fever.

5. In the former case, it probably depends on a reactive inhibition of the vaso-motor system of nerves; in the latter, on septicæmia, or secondary blood-poisoning; or both these causes may be present together.

6. The cases in which this rash appears are often severe; but its development is important rather from a diagnostic than from a prognostic point of view.

7. Hence, no special line of treatment is required beyond that already employed for the safe conduct of the patient through the fever.—*Dublin Journal of Medical Science*. December 1888.—*Medical News*.

#### EXPULSION OF FOREIGN BODIES FROM THE ALIMENTARY CANAL.

It is now well understood that very many foreign bodies which have been swallowed will pass through the alimentary canal without giving

rise to disturbance, if they are left to nature, and especially if a full vegetable diet is recommended and the use of purgatives is avoided. But it remained for Dr. Cameron, of Glasgow, to propose, for the management of cases of this sort, a formal method which is called the "potato-cure." It consists simply in getting the patient to eat large quantities of potato, which are expected to surround the foreign body and conduct it innocently through the intestines. This plan has worked admirably in a number of cases, and many foreign bodies, both sharp and of irregular form, have been successfully expelled from the alimentary canal under its working.

The subject was brought before the Royal Imperial Society of Physicians of Vienna, January 11, 1889, and Dr. Cameron's method was warmly endorsed by several distinguished men who had tried it. The general opinion was that it might often obviate the necessity for laparotomy; and a case was reported by Dr. Hoehenegg, in which by this means a foreign body had been removed in nine days precisely similar to one which had been removed by laparotomy by Prof. Albert four or five years before.

Such a showing certainly justifies calling attention to this method, although—as stated above—its underlying principles are well enough understood by most medical men.—*Ed. Med. and Surg. Reporter.*

### THE DYSPESPSIA OF PHTHISIS.

*Ed. Maryland Med. Jour.*, November 17:—Few text-books and writers on the practice of medicine pay much attention to the dyspepsia accompanying pulmonary consumption; and yet it is so prominent in many cases as to almost mask the fatal disease. Perhaps there is a comfort in the fact that the consumptive thinks he has a dyspepsia, and is not conscious of his real trouble. In fact, in this hopeful disease (for consumptives are notably hopeful), the stomach symptoms are the only ones complained of in many cases; and, indeed, if we can carefully regulate the diet and help on the disordered digestion, we do much more good than in attempting to give tonic and cough medicines, which are often attended with no possible effect.

It is not easy to lay down general rules for all such cases, but the best way in severe cases is to stop all solid food and try a milk diet. Give uniform small quantities frequently repeated, and let the patient feel a little hunger to stimulate the sluggish secretion of the gastric juice, a small quantity of whiskey; or if this is objected to, one of the bitter tonics may be given about three or four times a day, from fifteen to thirty minutes before eating. In case of pain during digestion the milk may be peptonized, but this is not always advisable, as the unpleasant taste is apt to cause an aversion to milk and thus in-

terfere with the important food. A good domestic remedy, which has often proved very effective, is a preparation of sherry and rennet before each meal. Small doses of bismuth and calomel after meals relieve the distress and keep the bowels regular. As the digestion becomes stronger the menu may be enlarged and the drugs cut off, until the patient is able to take a ferruginous tonic. This treatment (like all methods of treatment—not new) in pulmonary consumption, when dyspepsia is a prominent symptom, has met with sufficient success in some cases to deserve recommendation, and has been the means of prolonging life.—*Epitome.*

### IMPOSING ON A PHYSICIAN.

It is almost incredible, but what was printed as a joke in the *Reporter* some months ago has been actually put in practice in France. According to the *Gazette Hebdomadaire*, Feb. 1, 1889, a physician in a town in France was called up from his bed on a stormy winter night and implored by a peasant to come to see his child, who was suffering with an affection of the throat which threatened strangulation.

To the hesitation of the doctor to go a distance of five or six miles, he replied that he had come all the way on foot, and it was not too much to ask the doctor to go to such a desperate case. Reluctantly the doctor yielded to his sense of duty, had his carriage made ready, and then, taking his summoner with him, drove to a little village six miles away to see the patient. Arrived here, he gained access to the house with difficulty and found a child with no appearance of illness whatever. The father professed great astonishment, and protested that when he left the child it appeared about to die. With thanks to the doctor, and imitation of the symptoms of the child at an earlier hour, he allowed the physician to make his way home.

A few days later the doctor learned that just before he called him, the man had been on a drinking bout, and had made a bet with a companion that he would not walk home. He won his bet at the expense of the doctor.

It is hard to believe a story of this kind, and yet it is not absolutely beyond belief. The correspondent who communicates it to the *Gazette Hebdomadaire*, couples it with another, to indicate the trials which may meet a physician in the discharge of his duty, and asks what can be done to punish those who could thus impose on the sense of duty and humanity of physicians? Some punishment of this kind ought to have; but he might better receive it from his fellows than from anyone else, for they would probably find whom the trick hurt most the next time one of them really needed medical aid at night.

The story is mainly interesting as showing that the experience of physicians is pretty much



the same all the world over, and that they must expect to make certain sacrifices, for the sake of their calling, not only to the needs of their patients, but also to their ignorance or even to their baseness. It is in the face of just such imposition as this story illustrates that the nobility of the medical calling shines brightest. *Ed. Med. and Surg. Reporter.*

#### DEATH CAUSED BY COCAINE-HABIT.

It is reported from Cincinnati that a physician of that city died recently from the effects of cocaine which he had formed the habit of taking frequently. It is said that he began experimenting with the drug a few years ago, and that he soon became a hopeless victim to its influence.

This is a sad story, and one which has a moral. Every now and then it happens that a physician becomes engaged in the toils of alcohol or a narcotic; and the result is usually the same as with men who have no medical training to protect them against delusion in such matters. Under such circumstances the spirit of kindness to the erring generally prompts those who comment on the occurrence to seek out its mitigating circumstances, and to dwell upon them, so as to shield the reputation of the victim as much as possible. This, however, we believe to be more creditable to the hearts of those who discuss so unfortunate an event than to their heads. It would be more likely to prevent the repetition of careers of this sort if a little wholesome truth followed each one. The fact is that physicians, of all men, ought to understand that it is a shame and a disgrace to yield to the seductions of stimulants or narcotics. They know, better than any other class in the community, the peril of trifling with such things, and they have no excuse for indulging a dangerous taste for them. It is probable that men who fall victims to the cocaine, or opium, or alcohol habit are men of weak will, although they may disclose their weakness only in this way. But no medical man can be excused who begins the "easy descent to Avernus," for medical men who do this sin against light; and such errors would probably be less numerous than they are, if the plain truth were told about them. The adage "*nihil nisi bonum de mortuis*" has something very attractive in it; but it ought not to stand in the way of truth.—*Ed. Med. and Surg. Reporter.*

#### EFFECT OF GLYCERINE ON THE QUANTITY OF SECRETION POURED INTO THE VAGINA.

At the meeting of the Obstetrical Society of London, Dec. 5, 1888, Dr. Herman read a paper which related observations made to see whether the commonly, but not universally, accepted belief, that the local use of glycerine causes a flow of fluid from the vagina, was correct or not.

The observations were made with cotton wool plugs soaked in glycerine, and with pessaries made of gelatine and glycerine. The amount of glycerine inserted into the vagina was weighed; the discharge from the vagina was weighed, and the amount of vaginal discharge from the same patient when glycerine was not used was also ascertained by weight. The result of the observations was in favor of the following conclusions: 1. That when the secretions poured into the vagina were not abundant, the local use of glycerine increased them. 2. That when the secretions poured into the vagina were already abundant the local use of glycerine did not increase them.

Dr. Champneys asked if Dr. Herman had estimated the loss on the diapers from evaporation. The conditions were favorable for evaporation, and would confirm the conclusions arrived at in the paper.

Dr. Herman, in reply, stated that he thought the loss of weight by the napkins or pads due to evaporation was but slight; on the other hand, the perspiration from the skin with which the napkin was in contact, might cause a slight increase in weight. Dr. Herman had used the words "secretions poured into the vagina," which did not imply any opinion as to their source. Whether the secretion was of uterine or vaginal origin, whether it was produced by glandular activity or simple osmosis, he could not tell. He would be obliged if Dr. Griffith could suggest any method, harmless to the patient, by which the excretions of the uterus could be separated from those of the vagina. Dr. Herman believed that the vagina did secrete mucus. In cases of atresia of the vagina at more than one place, collections of mucous fluid were found between the occlusions. In cases of atresia of the os externum, the vagina was as moist as in most other patients. That under pathological conditions the vagina might pour out fluid in abundance needed no demonstration.—*British Med. Journal*, Dec. 15, 1888.

#### THE PURIFICATION OF WATER.

It has been known for a long time that impure water plays no small part in the propagation of disease. To obviate danger from this source two methods have been generally pursued. One is to make water harmless by antiseptics, and the other to do so by boiling. In a communication recently made to the Société Française d'Hygiène, M. Charles Teltier, an engineer, stated that the first means named is uncertain, and is not within the reach of every one. The second is good, but it has the following inconveniences: 1. The temperature of 212° F. is not sufficient to destroy all the microbes. 2. The air of the water is expelled by the effect of ebullition, and the water becomes heavy and indigestible. 3. The calcareous carbonates are

equally precipitated, and the water becomes less rapid. 4. The earthy portions in suspension in the water are also precipitated, and the latter is rendered disagreeable to drink. To obviate these different inconveniences, the author proposes the substitution of water submitted to a higher temperature for water which has been merely boiled, and the following is the manner in which this is effected: A closed metallic recipient, perfectly air-tight, being able to support a pressure of six atmospheres, is established. At the bottom this recipient presents an enlargement, which is calculated so that by the dilatation during the heating the water completely fills the recipient. A tap placed in the lower part, surmounted by a filter, permits the drawing off of the water; another tap placed in the upper part, surmounted, at the moment of its employment, by a filter in cotton wadding, allows the air to enter. When the bottle is full of water, it is placed either in a bath saturated with marine salt, or in a recipient into which steam is admitted. In the one case, as in the other, it is heated, and the water is thus raised to a temperature varying from  $237^{\circ}$  to  $300^{\circ}$  F. The following are the results of this operation: 1. The water remains perfectly aërated, as, having been heated without pressure, the air cannot separate itself, and remains dissolved. 2. The water remains charged with its calcareous salts, as the carbonic acid is not disengaged. 3. The other salts and earthy matters are precipitated, but they separate from the water at the moment of its employment, as a filter exists in the apparatus. 4. The filter is never contaminated, as it is itself baked at each operation. 5. In fine, the water remains purified during the whole time of its employment, as the air which enters into the apparatus is itself filtered by the cotton.—*Dietetic Gazette*.

### THE FALLACIOUS FILTER.

Charcoal and gravel have had their day as filters, the ubiquitous microorganisms having shown a persistence in maintaining life under the most adverse circumstances. The dangers which charcoal and gravel filters were expected to allay, have only been aggravated by their use, as indicated by the result of the investigation of a committee appointed by the Rhode Island Medical Society. When not in use, and exposed to the warm air of the kitchen, the filter proves a favorable nidus for the development of these objectionable organisms. By experiment it was shown that in unfiltered water containing thirty-six colonies of organic growth, the number increased after filtration to not less than 10,000, all this being due probably to the inability of those possessing them to clean the filters.

During the past summer the dangers of filters were made apparent to the writer on account of

an ingenious contrivance which was largely sold to druggists in this city. In appearance it resembled a hollow sphere, and was so arranged that it could be reversed, and thus it was suggested that no dirt could accumulate, because by reversing, the interior could be flooded, and this was practically demonstrated. The contents of the cylinder were simply charcoal, the two openings being covered with a fine quality of silk, and the quantity of mud which accumulated in a few minutes was really surprising, as shown by the reversal of the apparatus. But this did not wholly overcome the objections to it, from the fact that the organisms could pass through the silk, and in the contained charcoal, would find a suitable nidus for their rapid development, and doubtless by this simple but fallacious filter, many are the cases of typhoid fever and other disease which have been started unconsciously by the innocent druggist.

Two methods of purifying water for drinking purposes present themselves; that by the use of antiseptics, and that by boiling; but neither one of them is perfectly reliable as generally practised, and besides, the impracticability of the first method does not commend it for general use. The principal objection to the second method is that ordinarily the temperature of the water is not sufficiently high to destroy all organisms, and cannot therefore be safely depended upon. The plan suggested by engineer M. Charles Teltier in a recent communication to the Société Française d'Hygiène, is one which meets all the objections which can be offered, although it is somewhat complicated. A full description of this method appears in another column, and will well repay a careful perusal.—*Medical Register*.

### STROPHANTHUS FOR EXOPHTHALMIC GOITRE.

The use of strophanthus is gradually extending, and occasionally we find favorable reports following its administration, that of Dr. Daniel E. Bower (*Journal of the American Medical Association*, November 3, 1888) being a most interesting summary of three cases of ophthalmic goitre coming under his observation. The first of these cases was that of a young man, aged twenty-one, who had been under ordinary treatment for the period of three months, but without any advantage, when the strophanthus was used. At first, but two drops were given every six hours, but later on the dose was increased until ten drops were given, and the circulation thus brought under control, whereas in the beginning the pulse was so rapid that it was uncountable at the wrist. In four weeks the man fully recovered, and at the end of a year and a half he remained well. A second case was that of a lady, aged fifty-two, who made an equally good recovery, although she



had been subject to the disease for but eighteen months. The third case had been under observation only ten days at the time of the report, but progress was very satisfactory. Dr. Bower says he does not rely solely upon strophanthus, believing it necessary to observe the ordinary hygienic rules, and he also advises the use of tonics, and the application of galvanism.

Theoretically, the use of galvanism in these cases would appear to be of great value, but it is doubtful if it is often applied on the correct theory—that which is advanced by Dr. Poole—and explained in his paper published in this Journal more than a year ago. The theory advocated is, that by the use of electricity the nerve supplying the group of muscles, or the tissues affected is paralyzed, and as a consequence they contract, and possibly in cases of his kind the size of the smaller arteries is lessened, and in this way it contributes towards cutting off the supply of blood to the thyroid body.

Another remedy is of value from a theoretical standpoint, and its practicability has been demonstrated in securing the object sought to be obtained. We have reference here to ergot; but in order to obtain the best results, caution and judgment are required on the part of the attendant. In connection with strophanthus its importance cannot be over-estimated in the treatment of exophthalmic goitre, a most rebellious disease. Strophanthus, while acting upon the heart muscle, has but a limited effect upon the arterial system, and when supplemented by ergot, the experience of the writer warrants a favorable opinion of the plan suggested. The ergot should be given only at bed hour, the dose being from half a drachm to a drachm; but in exceptional cases, where it is desired to bring the patient more under the influence of the drug, this may be modified by distributing the same throughout the day, by dividing it into say, twelve or fifteen doses, an equal portion to be taken every hour. A favorable effect will generally be noted within a remarkably short time, and as soon as the circulation is brought under control, the use of a tonic, of which one of the many preparations of iron is the base, is indicated. With the elimination of exciting causes, this method may be counted upon as affording the best prospects of success. Please make a note of it.—*Medical Register*.

#### ALKALINISED CASCARA PREPARATIONS.

In view of the recent discussion on the activity of cascara preparations which have been rendered palatable by treatment with alkali, the following comments by Dr. John Irving, of Leytonstone, which we take from the *British Medical Journal*, are of interest, and apart from the notes give some hints which chemists may

advantageously follow up. Dr. Irving calls attention to the repulsive looking mixture which the ordinary liquid extract forms with water, and states that this unsightliness may be entirely and satisfactorily obviated without the use of either glycerine or syrups. A very small quantity of liq. ammoniæ, B.P., dropped into the watery mixture will clear it to a bright ruby color, seen by transmitted light, the transparency of which is not altered by a flavoring agent such as tinct. aurantii, nor by a sweetner like saccharin:—

Ext. casc. sag liq.....mxxx.  
Liq. ammoniæ .....gr. iij.  
Tinct. aurantii.....mxxv.  
Liq. sacchar. (5 per cent).....q.s.  
Aque .....3iss

M. Ft. haust.

Again, ammonia permits cascara to be dispensed with some preparations of iron, such as ferri et ammonii citras, the mixture, though dark in proportion to the amount of extract used, being a perfect solution:—

Ferri et ammon. citratis.....gr. xxx  
Liq. ammoniæ .....mx.  
Ext. cascara sag. liq.....3ss. to 3j  
Liq. saccharin .....q.s.  
Aq. aromat. ad.....3vj.

M. Cap. unciam ter in die.

This combination is especially serviceable, with (or without) small doses of digitalis, where the heart is enfeebled and constipation exists, with tendency to oedema of the extremities; in such a case the liquid extract of cascara, given with the iron in regulated small doses three or four times a day, serves an obvious twofold purpose: (1) it counteracts the binding effect of iron in relieving the bowels, and (2) assists the circulation by removing excess of fluid. In a similar way cascara may be combined with liq. bismuthi et ammon. citratis in digestive derangements. Numerous other mixtures will doubtless suggest themselves; the only point to be kept in mind is that the medicine containing the cascara must be somewhat alkaline, and made so with ammonia [or, it has been suggested, with potash].—*Chemist and Druggist*.

#### ACCOUNTS RENDERED QUARTERLY.

There was a time when the services of physicians were not considered as an article of merchandise, with a fairly definite price, but rather as acts of benevolence and humanity, and then grateful patients signified their appreciation of these services by gifts in the nature of an honorarium. But this time has passed away, and now every medical man is compelled to keep accounts, and periodically to try to collect what he believes is due him by the unromantic method of sending out bills.

No physician need be told how troublesome and often how disagreeable a part of his work this is. The question of what he shall charge is not rarely a trying one; for he cannot always figure out so many visits at a certain price and put this down on his bill. There are many circumstances which may compel him to make his charge less than he thinks it might properly be; and when he has fixed it, he is sometimes troubled to think it may be more—or, alas! less—than his debtor has estimated it at.

In addition to this source of distress there is the question as to the periods at which a physician shall render his accounts. In many parts of this country it has become a custom for physicians to send out bills every six months; and some men send out their bills only once a year. There are advantages in this plan for men of means and of large and lucrative practice; but it has very great disadvantages for the great majority of medical men. It is especially hard on physicians in the earlier years of their practice, because then they usually need speedy returns for their work, and treat a class of persons that requires pretty close watching. But almost all physicians lose by sending out bills only at long intervals. Patients treated with such indulgence sometimes become careless about paying, because from this very fact they imagine the doctor does not need money as they do, and some patients deliberately impose on their physicians as long as they can, and, when called upon to pay what they owe, simply transfer their patronage to someone else until his endurance is exhausted.

These and other reasons which will occur to our readers make it desirable that medical men should—except in rare cases—render bills more frequently than once or twice a year. The proper interval in most cases appears to be three months. This was the conclusion arrived at by the West Philadelphia Medical Society at a recent meeting, when the following was adopted:—

“Realizing that the time has arrived when, in order to keep pace with the increasing business sentiments of the world, it is necessary to insist more strongly on the strictly business aspect of our professional services; and, believing that this will be ensured by the rendering of our accounts more frequently than has been the general custom;

“It is resolved, that the West Philadelphia Medical Society deems it to the best interests of its members, and of the profession generally in West Philadelphia, that they shall render their accounts for services quarterly or more frequently, and hereby urges upon them concerted action in this matter, reserving to them discretion to make exceptions in cases in which they may deem it to their best interests or those of their fellow-practitioners.”

We fully concur with the sentiment of this

resolution, and believe it would be a good plan for physicians to render their accounts every three months. There are very few patients who would not approve of such a practice, and it would be a great advantage to medical men if it were generally carried out.—*Dr. Dallas, Ed. Med. Sur. Reporter.*

### ABSOLUTE SIGNS OF DEATH.

There is something so appalling, even to the strongest mind and the bravest heart, in the idea of being buried alive, that so long as such a thing is possible there will be a continuous debate on the topic in all circles of the educated community. Dr. Richardson's essay differed from what has usually been said on the matter in the fact that it enumerated, from a long experience, the circumstances under which the practitioner may be called to determine whether or not life is extinct, as well as described the immediate tests that ought to be brought into play in order to prove that death is absolute. No less than ten distinct circumstances were assigned as being advanced by relatives of deceased persons on the question of suspended life, to which was added the expressed wish or direction of a person during his or her own life that a skilled examination should be carried out after assumed death, in order to prevent the possibility of interment while yet a spark of life should remain. With most of these circumstances calling for inquiry the profession is more or less familiar, but two were specified that are not generally recognized—namely, simulated death from narcotism caused by chloral, and the same simulation from what the author designated traumatic catalepsy, and the cataleptic insensibility from the shock of an electric discharge, or from lightning stroke, or from concussion. Two cases were cited illustrative of these conditions, both of which might be rendered in the textbooks as new additions to the list of doubtful evidences of actual dissolution. Of the many tests or proofs of death enumerated by the author, there are also two that should be recorded not only as new, but as being exceedingly simple and at the same time strictly physiological in character. The first of these, which has originated with the reader of the paper, and which Sir William MacCormac, the president, commented on so favorably, is the wrist test, or that of putting a splint on the fore part of the wrist so as not to impede any current of blood which may be making its way through the radial and ulnar arteries, and then tying a fillet firmly round the wrist so as to compress the veins firmly on the back of the wrist. If the veins of the hand, under this test, show no sign of filling, the absence of any vital circulation may be declared certain; while, if they fill, the fact of a certain “low pressure” circulation may be assumed to be present, and therewith an



indication of merely suspended life. The second test, new probably to most readers, is that to which the name of Montiverdi was attached as its discoverer, and which is called the ammonia-hypodermic test. In using this test the operator injects one hypodermic syringe of strong solution of ammonia under the skin of the arm or some other convenient portion of the body. If the body be not dead, if there be the faintest circulation, the ammonia will produce on the skin, over the point where it was injected, a bright-red patch, on the surface of which raised red spots will appear; but if there be absolute death, there will be produced a brown dark blotch, which is definitely conclusive against any possible vitality. One addendum to the indication of putrefaction as a proof of death is also worthy of note. Putrefaction may be delayed by two causes; by coldness of the surrounding air, and by the introduction into the body before death of an antiseptic substance like alcohol; or by a combination of these two causes. In such instances it is the proper practice to force on, so to speak, the putrefactive change by raising the temperature of the room in which the body lies to summer heat, and by adding moisture to the air. This proceeding plays a double function; it affords the body the best chance of restoration if by chance the life is not extinct; and it gives the strongest evidence of death in the quick putrefaction it excites if death has veritably occurred.—*London Lancet*.

### THERAPEUTIC BRIEFS.

From Col. and Clin. Record.

For Balanitis, *L'Union Médicale* suggests the following:—

R. Morphinae sulph.,	gr. v	
Bismuth. subnitrat.,	ʒj.	M.

Sprinkle the affected parts four times daily.

For Burns, a writer in *Centralblatt. für Therap.* suggests the following application:—

R. Olei olivæ,	p. vj	
Salol,	p. j	
Aquæ calcis,	p. vj.	M.

For Constipation of Children, a writer in *L'Union Médicale* suggests the following:—

R. Podophyllin,	gr. ʒ	
Alcohol,	f ʒ iss	
Syrup. althææ,	f ʒ iv.	M.

Sig.—A teaspoonful once daily.

The standard Antiseptic Dressing in Paris now is, according to *Practice*:—

Iodoform	gm. iiss	
Oil of eucalyptus,	gm. xx	
Paraffine,	gm. l	
Vaseline,	gm. l.	M.

It is usually applied to ulcers.

The following formula is suggested as an application to warts, in a late issue of *L'Union Médicale*: Mercury protochloride, 15 grains; powdered boric acid, 7.50 grains; powdered salicylic acid, 2.50 grains. Mix, and apply three times daily.

For severe Itching about the Anus, the following is recommended in *Therap. Monats*:—

R. Cocain, hydrochlorat.,	p. ʒ to ʒ	
Lanolin puriss.,	p. xxx	
Vaseline,		
Ol. olivæ,	āā	p. xx. M.

Sig.—Apply locally.

According to *Med. Press*, a circular has been sent to all the Prussian army medical officers, advocating chromic acid as an economical and efficient means of checking excessive perspiration. In hyperidrosis of the feet the application of a ten per cent. solution, repeated every three or six weeks, is sufficient to prevent any inconvenience from this source.

According to Remsen, *Bulletin Général*, Oct. 15th, 1888, three rules are to be observed in the treatment of Diphtheria: 1. Saturate the inspired air with antiseptics. 2. Feed and tone the patient to the greatest possible degree. 3. Never touch the throat with any medicament, and give internally only alcohol and quinine. He claims that this treatment may be applied with facility, especially with children; and absorption is certain and rapid.

In those cases of constipation in infancy which do not recover under proper dietary management, Dr. Eustace Smith (*Med. Record*, Nov. 24th, 1888) recommends:—

R. Tinct. nucis vomic.,	℥ ss
Tinct. belladonnæ,	℥ x
Infusi sennæ,	℥ xx
Infusi calumbæ,	ad f ʒj.

This may be given thrice a day at first. After a time, two doses will be enough; and before long, one dose at bedtime. An equally good or better prescription is—

R. Tinct. nucis vomic.,	℥ ss
Ext. cascariæ sagradæ liq.,	℥ xx
Tinct. belladonnæ,	℥ x
Inf. calumbæ,	ad f ʒj.

The keynote is the combination of nuxvomica with belladonna and some gentle laxative. Dr. Smith also recommends, where the motions are very dry, a saline aperient and

R. Quiniæ sulph.,	gr. ʒ
Acid. sulph. aromat.,	℥ j
Tinct. nucis vomic.,	℥ ss
Aquæ,	ad f ʒj.

This for a child of six months.

# THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, MARCH, 1889.

## A POLYCLINIC IN MONTREAL.

For some years past we have been cogitating on the subject of the above heading, but the time seems to have very nearly arrived for the launching of such an undertaking. Of its advantages to the profession of Canada there can be no doubt. Medical men engaged in constant practice have not time to devote to the thorough study of any of the branches of the healing art; if they manage to read one or two journals it is perhaps all they can do towards keeping themselves abreast of the times. In some districts there is not even a medical society where they might meet for the exchange of new ideas. But if there were a polyclinic in the city, we feel sure that a great many of them would come for a few weeks for physical rest and mental refreshment. It is true that there are already several very flourishing institutions of the kind in New York and Philadelphia, which are largely taken advantage of by Canadian practitioners, but there are many reasons why the latter would prefer to attend such a course in Montreal. First, the question of expense which must always be taken into account; Montreal is a much cheaper city to live in than New York, as well as being easier to get at. As the doctor would probably like to bring his wife and daughter for a short holiday, and to do their shopping

while he is attending the clinics, the very moderate price of board here becomes a great attraction.

Then again, the majority of the profession throughout the country are not strangers to the teachers of the city, and instead of going a stranger to an American city he would be coming here among friends very often to renew the pleasant relations between professor and student of his younger days, with the difference that he would return as a brother practitioner.

By arranging the days and the hours of clinics, tramping about from one hospital to the other could be avoided; thus Monday might be made a field day at the General, Tuesday at the Hotel Dieu, Wednesday at the Western, Thursday at the Notre Dame and so on, all the staff of each hospital who were in the Polyclinic arranging to give their demonstrations on that particular day.

It would be necessary to ascertain what season of the year would be best suited for the convenience of the country practitioners, and we should be glad to hear from them on this point.

It should be the endeavor of those who organize the Polyclinic to do so on a broad and liberal basis, not limiting the teachers to any clique or section but rather to interest in it as many as possible of the teachers of the four medical faculties of the city. The distribution of fees among the teachers should be based on the actual number of clinical lectures given by each.

Although much more might be said on the subject, we think the above remarks are sufficient to give the movement a start.

## THE PROTECTION OF QUACKS.

We can never forget the words we heard regularly every Sunday many years ago in a little Scotch church, when the minister was praying for the authorities: "May they not wear the sword of justice in vain; may they be a terror to evil doers and a



praise and protection to them that do well." It is a very generally expressed feeling among a great many of our readers that the medical authorities of this province are a protection, not to those that do well, but to the evil doers. For the evil doer can come here and obtain a license to practice by false pretenses, and forthwith become rich in a very short time by resorting boldly to the most unprofessional conduct, while the well doer, the honorable and strictly professional man, forbidden to advertise even the truth, may be pretty sure to see himself growing thin while the quack grows fat. Of course virtue is its own reward, but it is discouraging for the regular practitioner to see the charlatan drawing patients to him by thousands by means of lying advertisements, while he himself cannot even insert his card in the papers to notify the public that there is such a person as he in existence. We have spoken to some of the officials to whom we pay a tax for the express purpose of being protected, and in reply are told that the fact of these charlatans taking away from fifteen to twenty-five thousand dollars a year from the city of Montreal alone does not injure the regular practitioner; in fact they tell us that we are even benefited thereby, because our patients will be sicker than ever after having passed through the hands of these quacks. That they will be sicker we admit to be true, but that it benefits us any to have our patients come to us and ask to be treated gratuitously because they have just paid twenty-five dollars to an imposter, certainly does not help the practitioner much in his endeavor to obtain an honorable living. On addressing ourselves to Mr. Lamirande, the paid agent of the College, he informs us that he is powerless to take any action against them, as the law is so defective that the College never wins any of its actions. But that seems to us a poor excuse, for the College is recognised by the Government as the official mouth-piece of the profession, and if the law as it at present stands is not

sufficient for the purpose, then it should at once be altered. We feel sure that the depredations of these professional pirates are a more serious thing than the officials of the College seem to think. The majority of the public consider them as medical men, and their conduct, no matter how disgraceful, is reflected more or less on the whole profession. Moreover, these men do not hesitate in their advertisements to cast the most unworthy aspersions on the character and motives of the regular profession, thereby lowering it in the esteem of the public. We feel sure also that if the College would take up this question in earnest it would not only be performing a duty which it owes to those who furnish it with money, but it would also earn their gratitude.

#### ERRORS IN INFANT FEEDING.

In a recent editorial on skin diseases we expressed our opinion that in a large class of them the principal part of the treatment consisted in correcting the gross mistakes in diet to which many of them might undoubtedly be attributed. In the present article we shall point out what those errors are.

What we have to say on this subject seems so palpably true that we should almost apologize to our readers for saying it, did we not know for a positive fact that many practitioners have very loose and indefinite ideas as to what constitutes the proper feeding of infants and children. For instance, one of our esteemed confreres in extensive practice told us not long ago that he allowed his children to eat all day long, which he considered better than giving them regular meals, as by the latter plan they were apt to have "pot bellies" owing to the large quantities they would eat at a time. Moreover, we frequently see in medical works the advice given to feed our patients "little and often."

Not only do we agree with Sir Henry Thompson in his splendid paper in the

*Nineteenth Century* on the feeding of the aged when he says that many a valued life has been cut prematurely off by the mistaken kindness of the loving wife and daughter who urge their victim to take more food than he can possibly consume, but we maintain that many a thousand infant and child is hurried to an early grave through the mistaken love of its mother.

In Montreal, which is among the healthiest cities in the world, but which apparently has one of the largest death rates (28 per thousand), the high mortality figures are almost entirely due to the reckless manner in which infants are fed.

The extraordinary fecundity of the French-Canadian people is proverbial. It is the exception to find a family among them numbering less than twelve, while fifteen and twenty children are quite common occurrences. But it is quite as usual for them to lose half of their offsprings before the age of five years. We are in a position to state positively that this enormous death rate is entirely due to improper feeding.

These mistakes in feeding begin almost at the hour of birth, and continue for those who successfully run the gauntlet until the age of five or six when they are saved further danger by being sent to school. While the accoucheur is attending to the after-birth some old woman has carried the infant into the adjoining room and surreptitiously administered a mixture of butter and dirty brown sugar, which sets up acid fermentation in the baby's stomach.

Then instead of putting the infant to the breast, as nature meant should be done, as soon as born, it is kept away from the breast for three days, thereby depriving it of the benefits of the colostrum which would have cleaned out the meconium from the digestive tract and had the latter sweet and clean for the reception of the first milk. On the contrary, the butter and sugar has been followed up by some starchy or sugary liquid which keeps up the merry fermenta-

tion until the little bowels are bursting with carbonic acid and other gas, and the infant screams with pain. These cries are of course mistaken for hunger, when it gets another dose, perhaps every quarter of an hour. When it is put to the breast the alkaline milk is immediately soured, and the child vomits the curdled casein in lumps. At this stage its life is sometimes saved by a dose of castor oil which cleans out the digestive track and gives it a fresh start. But every time it cries it will surely be nursed, "little and often." Now let us ask, what takes place in the stomach when a child is fed, let us say every quarter of an hour, which has been the average interval in many cases to our knowledge?

Will the digestion of the first lot be completed and out of the stomach in a quarter of an hour? Certainly not. Will the entrance of the second and third lots interfere with the digestion of the first? We would like to hear this question answered by one more competent to do so, but common sense tells us that they will, and that the whole process must be begun over again as often as a fresh supply comes in.

The horrors of the feeding bottle with a long rubber tube are, we presume, sufficiently well understood. On passing a druggist's window the other day we noticed a gross of them stacked up as an advertisement; but the image of the bottles was soon replaced by the vision of a hundred little coffins filled next July with their little wasted occupants.

In one of the out-patient's rooms of a Berlin Clinic the walls are decorated with nearly three hundred feeding bottles with rubber tubes which have been taken from the mothers of sick infants as the preliminary step towards saving the latter's lives. The habit of irregular feeding is continued as the infant grows, so that many children never eat a regular meal. The mother's excuse for the wrong doing is, that as the child did not eat its dinner she could not refuse it a cake an hour later. And when it is



hungry again an hour before tea, instead of letting it wait until the regular meal hour, it receives another cake, with the result that the evening meal is not eaten. So that in exchange for a miserable little tart or cake the appetite for a good substantial meal is thrown away three times a day.

One often hears it said that "homœopaths are so successful with children," and if homœopathy consists in giving advice without medicine, and regular-pathology means giving medicine without advice (as it sometimes does), then their success is easily understood. We think that the fact is general that the longer a doctor is in practice the less he pins his faith to drugs and the more he relies upon hygiene for the cure of his patients. And it is well that it is so when we consider that most of the diseases of infancy and childhood are directly or indirectly due to errors in feeding, the grossest error of all being eating between meals.

### NOTICES OF BOOKS.

THE JOURNAL OF CUTANEOUS AND GENITO-URINARY DISEASES has passed out of the hands of William Wood & Co. into those of D. Appleton and Co., of New York.

The first number of a new journal devoted entirely to diseases of the respiratory organs, is before us. It is edited by J. Mount Bleyer, M.D., and is published monthly by N. Thompson, 51 Maiden Lane, New York; \$1.00 a year.

A TREATISE ON HEADACHE AND NEURALGIA, INCLUDING SPINAL IRRITATION AND A DISQUISITION ON NORMAL AND MORBID SLEEP. By J. Leonard Corning, M.A., M.D., Consultant in Nervous Diseases to St. Francis Hospital, New York, etc., etc. Illustrated. New York. E. B. Treat, 771 Broadway, 1888. Price \$2.75.

MESSRS. J. E. BRYANT & Co., publishers, announce that from and after January 1st, 1889, *The Canadian Practitioner* will be issued as a semi-monthly, at the same price as formerly viz., \$3.00 a year. The size of the page, the quality of the paper, both of the inside and cover pages, and the excellent typography so characteristic of *The Practitioner* heretofore, will all be retained.

PULMONARY CONSUMPTION CONSIDERED AS A NEUROSIS. By Thos. J. Mays, M.D., Professor of Diseases of the chest in the Phil. Polyclinic.

The author of this neat little pamphlet advocates the Weir-Mitchell treatment for phthisis, combined with forced feeding. Although we do not agree with the author in considering phthisis a nervous disorder, but rather a parasitic disease, still his views are interesting and the lectures are well worth perusal.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (Neurasthenia), its Symptoms, Nature, Sequences, Treatment. By George M. Beard, A.M., M.D., Fellow of the New York Academy of Medicine, etc. Edited, with notes and additions, by A. D. Rockwell, A.M., M.D., Professor of Electro Therapeutics in the New York Post Graduate Medical School and Hospital, etc. New York. E. B. Treat, 771 Broadway, 1888. Price \$2.75.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By William A. Hammond, M.D., Surgeon-General U.S. Army (retired list); Professor of Diseases of the Mind and Nervous System, at the New York Post-Graduate Medical School, etc. Detroit: George S. Davis, 1887.

This book has been rather roughly handled by some of the reviewers because the subject is a nasty one. But we agree with the author when he says: "probably more unhappiness is caused by sexual impotence than by any other disease that afflicts mankind." No regular physician has had more experience with these cases than the author, and he has given us the result of it in his usual very readable style.

THE MODERN TREATMENT OF DISEASES OF THE LIVER. By Professor Dujardin-Beaumetz. Translated by E. P. Hurd, M.D. Published by Geo. S. Davis, Detroit, Mich. Pp. 185. Price 25 cents.

The volume before us is one of the Physicians' Leisure Library Series for 1888. The translation is very well made. The book is most interestingly written. As is always true of what Dujardin-Beaumetz writes, much that is now in physiology, as well as what is now in the therapeutics of the diseases discovered, can be found here. The various chapters bear the following titles: The Liver from a Therapeutic Standpoint, Cholagogues, Treatment of Biliary Lithiasis, Treatment of Jaundice, Treatment of Engorgements of the Liver, Treatment of Inflammations of the Liver, Treatment of Hydatid Cysts of the Liver.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.** Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents: The Pedigree of Disease, by Jonathan Hutchinson, F.R.S.; Common Diseases of the Skin, by Robert M. Simon, M.D.; Varieties and Treatment of Bronchitis, by Dr. Ferrand. Published monthly. Price \$10.00 a year; single copies \$1.00. January, 1889. New York: William Wood & Co., 56 and 58 Lafayette Place.

This series of books meets a genuine want of the modern practitioner whose literary food must be of the most omnivorous character. We venture to say that these 12 handsome volumes on good paper, and each containing from 3 to 6 complete treatises, will be the best value for \$10 that has ever been placed within our reach. A special feature is that any single volume may be purchased for one dollar; although any one sending for a single volume is very sure to lose no time in ordering the others to make up the set.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.** Number 2. Contents: Gonorrhœal Infection in Women, by William Jap Sinclair, M.A., M.D.; On Giddiness, by Thomas Grainger Stewart, M.D.; Albuminuria in Bright's Disease, by Dr. Pierre Jeanton, Paris, France. New York: William Wood & Co., 56 and 58 Lafayette Place.

The first treatise alone is worth the price of the whole book. Every practitioner should read it.

**FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS WITH NOTES ON TREATMENT.** Compiled from the published writings or unpublished records of Drs. Fordyce Barker, Roberts Bartholow, Samuel D. Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis, F. J. Bumstead, T. G. Thomas, H. C. Wood, Wm. Goodell, J. M. Fothergill, N. S. Davis, J. Marion Sims, Wm. H. Byford, E. G. Janeway, J. M. Da Costa, J. Solis Cohen, Meredith Clymer, J. Lewis Smith, W. H. Thomson, C. E. Brown-Sequard, M. A. Pallen, W. A. Hammond, &c., &c., by B. W. Palmer, A.M., M.D. New York: E. B. Treat, 771 Broadway. 1888. Price \$2.75.

**DISEASES OF THE MALE URETHRA, AND REFLEXES.** By Fessenden N. Otis, M.D. Detroit, Mich.: Geo. S. Davis, 1888, (Physicians' Leisure Library).

The object of this book, its author writes, "is

more especially to deal with the urethra and its diseases rather than with the results of such difficulties;" therefore its scope is a very limited one; indeed the book is scarcely more than an outline of a very few affections of the urethra, but it serves to call attention to the more elaborate and excellent works by Dr. Otis upon the same diseases, the study of which we recommend to all.

The section which treats of Gonorrhœa is the most interesting, and as his method of treatment is somewhat different from that generally found in the books, we have selected it for special notice. In regard to the specific nature of this disease, in so far as it is due to a special micro-organism, the author, we believe, has adopted the most satisfactory view when he says "he accepts these micro-organisms as an evidence of acute inflammatory origin of a discharge, but not as necessarily due to a specific microbe." While admitting the presence of the gonococci in a urethral discharge is evidence of a gonorrhœal origin, Dr. Otis is not yet prepared to accept the claim that urethral disease may not have its origin in various causes independent of the presence of the gonococci. In a word, a gonorrhœa may exist in which the cause, symptoms, contagious nature, and termination in no way differ from one in which the gonococci are to be found, but in which no micro-organisms are present.

The treatment of gonorrhœa by the author is based upon a study of the various methods given by different writers, and his investigations lead him to the following conclusion: "The average duration of all the cases thus variously treated, in point of time, was practically the same." The so-called internal specifics which are recommended for this affection, Dr. Otis, we think very properly, condemns; but the local employment of suitable injections we are more inclined to favor than does the author. The method advised consists in rest, hot water, and diluents, with alkalies, especially the employment of retrojections of hot water. This plan while it may be very good, we think, in the majority of cases is not practicable.

#### PERSONAL.

Dr. Wm. Osler, Professor of Clinical Medicine in the University of Pennsylvania, has been elected Professor of Medicine in the John Hopkins University, Baltimore, and Physician to the Baltimore Hospital. An excellent appointment, on which we congratulate our late fellow-townsmen. Dr. Osler does not leave Philadelphia till next May. Philadelphians, we are sure, will regret his departure as much as Montreal did when he left us. Dr. Osler means to reach the top of the tree, and he is rapidly getting there.



# The Canada Medical Record

VOL. XVII.

MONTREAL, APRIL, 1889.

No. 7.

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## Original Communications.

### NOTE ON SHORTNESS OF THE UMBILICAL CORD AS A CAUSE OF DYSTOCIA.

By A. LAPTHERN SMITH, Lecturer on Gynecology, Bishops College.

The following remarks have been suggested to me by my having noticed at two labors occurring on the same day, a very long and a very short cord, which I now show you. The longer one measured when fresh just fifty inches, while the shorter one measured less than twelve. The only trouble which the short cord case gave me was that the placenta was retained for half an hour, which I attribute to the fact that whenever the cord is pulled upon either by the accoucher or by such an accident as its being too short, irregular contractions are set up in the middle or lower segments of the uterus, thereby causing more or less a condition known as hour-glass contractions. The labor, the patient's third one, was remarkably rapid, occupying in all only two or three hours, and was terminated naturally with the exception that I introduced my hand within the os in order to remove the placenta. The long cord, strange to say, caused more trouble, for after leaving the head on the perineum for several hours, the patient being a primipara, I applied

the forceps and as soon as the head was delivered I felt for a possible turn of the cord around the child's neck and found one. While undoing this, by slipping it over the child's head, I found that there were two other turns which I also unwound. By this time the child was quite black and the cord was pulseless. I practised artificial respiration for nearly half an hour before it breathed well.

Both of these conditions are recognized as offering considerable danger to both mother and child. Shortness of the cord, either absolute or owing to its being wound around the child's neck, may retard labor while the head is at the superior strait, while it is in the cavity of the basin or while it is passing the inferior strait. And even after the head has passed, according to Cazeaux, it may arrest the progress of the shoulders. The latter author cites a case of his own in which delivery was terminated two hours after the expulsion of the head only after section of the cord had been resorted to, the fetus being dead. Dalmotte relates a similar observation.

Labor will generally terminate itself spontaneously, however, in one of three ways: Either the uterus will be forced down by the expulsive efforts of the mother, so as to bring the placenta near enough to the vulva to allow the delivery

of the child; or the cord may be ruptured; or the placenta may be torn off. In a case observed by Malgouyre the latter accident happened and the placenta was expelled simultaneously with the foetus. In a case reported by Rigby the cord was ruptured two inches from the navel. In a case occurring in the practice of a *confrere* in the country in which labor had been going on furiously for several hours without any progress, and in which he intervened with the forceps, the cord was so short that on the extraction of the child he was horrified to see it followed outside of the body by the placenta with the inverted uterus adherent. In spite of every effort and precaution he was unable to replace it, and the patient died.

In my opinion most, if not all, cases of inversion are due to tractions on the cord either owing to its being too short, or to its being wound around the child's neck, or to the tractions of the too hasty accoucheur. I cannot admit that inversion can take place from any kind of normal or abnormal uterine contractions. Not only does shortness of the cord, either absolute or by being wound around the child's neck, increase the pains of the mother and retard the delivery of the foetus, besides contributing largely towards producing inversion, but it is very hazardous for the child. According to Mayer out of 3,587 confinements the cord was wound around the child's neck in 685 cases. Of these 121 were born asphyxiated. Of these latter 72 were restored by appropriate measures while 42 died.

Although the two cords I have shown you are respectively much longer and shorter than the average, they are by no means the longest or shortest on record. Baudeloque has reported a case in which the cord measured nearly 59 inches in length and which was wound around the child's neck seven times. While Schneider relatés a case in which the cord measured 118 inches and was wound six times round

the child's neck. The shortest recorded was less than 4 inches long.

My object in presenting this brief note is to call attention to the possibility of these conditions occurring, so that the practitioner may be on the look-out for them and so govern himself accordingly.

### THE FRITZ BOZEMAN RETURN FLOW CATHETER.

By A. LAPHORN SMITH, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal.

This valuable instrument is the joint production of one of the oldest and most practical gynecologists of America, Dr. Nathan

Bozeman, and Professor Fritz, one of the leading teachers of gynecology in Germany. I purchased two of these instruments in Berlin, in May, two years ago, and have had them in almost constant use ever since. I have found them so useful that I could hardly do without them, and I fear that I have been guilty of culpable negligence in not having brought the instrument to the notice of the Canadian profession sooner, although I have been teaching its use to my gynecology class for the last two years.

I shall only have to task your patience for a few minutes in order to point out its advantages and uses.

First of all it is a return flow catheter. The importance of having such an instrument for irrigating the uterus after any and every manipulation performed on any part of the uterine cavity or cervical canal cannot be overestimated. At Venit's Clinic in Berlin I was surprised to see the senior students entrusted with the serious operation of dilating and curetting the uterus. But the secret of the perfect immunity from danger was the absolute antisepsis which they were able to obtain without running





any risk of the antiseptic fluids finding their way into the peritoneal cavity, by means of this return flow catheter.

The danger of forcing fluids into the fallopian tubes is no imaginary one. Even when the os is apparently patulous, the contact of almost any fluid, but more especially if it is an irritating one like tincture of iodine or tincture of iron, immediately sets up spasmodic contractions of the cavity with firm closure of the internal os. As I pointed out some years ago, in a letter from Liverpool, in THE CANADA MEDICAL RECORD, the uterine openings of the Fallopian tubes are frequently very dilated in just those conditions which would call for intra-uterine injections. Owing to the construction of this instrument, you perceive that it would be impossible for any condition of the uterus or os to prevent the free outflow of the injected liquid. You will also observe that the current of liquid coming in by the inner tube impinges against an angular piece of metal, which scatters it in every direction over the interior of the cavity. The beautiful double curve of this instrument renders its introduction peculiarly easy. Another advantage of paramount importance is the provision which has been made for keeping it clean, a coupling being provided which connects the outer to the inner tube.

It has been said over and over again that the uterus will tolerate anything on condition of a rigorous antiseptis. After miscarriages, instead of curetting the uterus as advocated by some, I prefer to leave the uterus alone, as we are able to keep the uterus thoroughly washed and drained by means of this instrument.

### Correspondence.

#### A QUESTION OF ETIQUETTE.

Editor CANADA MEDICAL RECORD.

DEAR SIR,—

In a late number of your excellent journal you promised to answer any questions

on the above subject which might be submitted to you. A young medical friend and myself are about to start in practice in a town not far from Montreal. He has qualified himself for gynecology, while I am going to make a specialty of the eye. We are anxious not to do anything that would be inconsistent with the most rigorous observance of the rules of professional etiquette, so before having our door plates engraved we want to know whether there would be any objection to our putting on them Gynecologist and Oculist respectively. When in Montreal the other day we noticed that several of the leading men had "Surgeon" on their door plates, indicating that they made a specialty of surgery, so we presume that there would be no objection to our doing the same.

Yours sincerely,

OCULIST.

[We have submitted this point to our professional Nestor, who is of the opinion that it would be no more incorrect to put Oculist or Gynecologist than it would be to put Surgeon on the door plate.—EDITOR.]

### Society Proceedings.

#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, March 22nd, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Shepherd exhibited a case of inguinal hernia radically cured. He was a blacksmith, 45 years of age, and had always been a hard drinker. He had had the hernia since his birth, and had always been able to reduce it until latterly, although it was the size of a large football. He came to the hospital on the 3rd April, and was kept in bed during three weeks, during which time taxis was frequently tried; but, in vain.

On 26th April Dr. Shepherd, with the assistance of Drs. Bell and Fenwick, performed the radical operation. An incision eight inches long was made into the sac, when all the intestines came out on the table. It was found impossible to return them to the abdominal cavity, although over an hour was spent on the attempt. The situation was serious until, as a last resort, the patient was suspended by the heels on the back of an athletic student, when, by manipulating the intestines in a certain way, they slipped back into the abdomen. A large piece of the omentum, however, had to be ligatured and removed. The whole operation occupied over two hours, and at

its completion the abdomen, which was unaccustomed to its contents, was as tense as a drum. A testicle was removed and the spermatic cord was ligatured, together with the neck of the sac, to the pillars of the ring. A drainage tube was left in the scrotum. There was some vomiting afterwards, but it was relieved by small doses of sulphate of magnesia, repeated every two hours. The wound at the site of the drainage tube has not yet healed, but he thought that the fistula was maintained by the escape of peritoneal fluid, as the patient wears a truss. Although a year has elapsed after the operation, and he is following his occupation as a blacksmith in the C.P.R., Dr. Shepherd thought that he was entitled to call it a radical cure. He employed silk ligatures, which had remained unabsorbed many months, one of them remaining still.

Dr. Trenholme inquired about the ligatures, as he was in the habit of employing hempen ligatures of plain shoemakers' thread, with gratifying results, they being completely absorbed.

Dr. Gardner said he did not see why in hernia operations there should follow peritoneal fistulae, while such a thing did not occur in abdominal operations generally. It was true that in the latter the abdominal drainage tube soon ceased to be connected with the peritoneal cavity, owing to adhesions. With regard to the absorbability of silk, he was convinced that, as a rule, the latter was absorbed as well as hemp, as in cases where his operation had been followed by a post-mortem the silk had disappeared completely after a very short time. He inquired whether Dr. Shepherd did not think that a puncture would have allowed the intestine to collapse, and thus facilitate the return of the intestine.

Dr. Bell was of the opinion that neither silk nor hempen ligatures were ever absorbed. It was true that in his experiments on suturing the intestine in dogs the ligatures were nowhere to be found when the animals were killed several months later, but that was due to their having ulcerated through into the bowels and escaping per rectum. In a case of a man with sutured patella, who died five months after the operation, the silk was found as on the day on which it was put in.

Dr. Sutherland exhibited a female patient in whom he had ligatured the right common carotid artery. The little bullet of a parlor rifle had pierced her neck on left side and had lodged behind the right sternomastoid whence it was removed. As there was a traumatic aneurism resulting, Dr. S. decided to ligature the common carotid and adopted the method of Treves, tying the ligature over a piece of rubber tubing on the skin. After three days pulsation still remained, so he had to pass a silk ligature in the track of the first one and this had the desired effect. The ligature which was shown to

the Society came away three months later and was perfectly sound.

*Pathological Specimens.*—Dr. Allan showed a membranous cast of the uterus which he had found protruding from the os uteri of a patient whom he had been called to attend, and who had not menstruated for three months. Some years ago she had passed a similar membrane.

Dr. Laphorn Smith said that it was doubtless a case of membranous dysmenorrhoea, in which the lining membrane of the uterus had come away entire instead of being disintegrated and coming away in impalpable shreds.

Dr. Finley exhibited a pair of hypertrophied and cystic kidneys three times the normal size. The amount of fibrous tissue in them was largely increased. Also the heart from the same case, the left ventricle of which was somewhat dilated and greatly hypertrophied.

Dr. Springle stated that the patient had been admitted to the hospital comatose, and had died a few minutes afterwards, so that there was no history to be obtained. Some water had been drawn off and it was found to contain hyaline casts and a large amount of albumen.

Dr. Finley remarked that no mention was made in the books about the heart being hypertrophied in cases of cystic kidney.

Dr. Laphorn Smith said he thought hypertrophy of the heart was an almost constant accompaniment of chronic renal inflammation, of which this was merely a variety.

Dr. Wilkins stated that it was the rule to find hypertrophy of the heart in chronic Bright's disease.

Dr. Gardner showed a cyst of the broad ligament and an enlarged ovary which he had removed from a patient suffering from pain in the left inguinal region and occasional attacks of retention of urine. The tumor was the size of an orange, and was situated behind the uterus at the left side of the pelvis. Dr. G. had at first diagnosed an ovarian cyst, but on operating found that it was situated in the broad ligament.

Dr. Laphorn Smith asked Dr. Gardner why he did not think that it was a parovarian cyst.

Dr. Trenholme thought that it was a parovarian cyst.

Dr. Shepherd thought that it would be difficult to say that this was not a parovarian cyst.

Dr. Gardner, in reply, could not say positively that it was a cyst of the broad ligament, but he could say certainly that it had no connection with the ovary.

Dr. Ruttan showed a useful improvement in the glass for holding the urine while being tested for specific gravity. It had a constriction at the middle which prevented the bulb of the urinometer from adhering to the side of it.

He also called the attention of the Society to the fermentation test for sugar which could be easily performed now with Fleishman's com-



pressed yeast, a small quantity of which was introduced into the epruvette and allowed to remain over night, when all the sugar would be found to be converted into carbonic gas and alcohol. By comparing the specific gravity before and after fermentation, the amount of sugar could be ascertained by referring to a table which had been prepared for this purpose. He also demonstrated Eichbach's method of estimating the quantity of albumen by means of graduated test tubes which showed the actual percentage of albumen. The old habit of saying that there was one fourth or a third of albumen was erroneous, as the blood itself only contained 4 per cent. of albumen, while the worst specimen of urine never contained more than 0.7 per cent. As nitric acid had the effect of precipitating urates, Eichbach used a solution of citric and picric acids.

Dr. Wilkins asked whether mucus could not be got rid of by filtering.

Dr. Laphorn Smith emphasized the importance of heating both the nitric acid and the urine, when testing for albumen, by carefully pouring some of the filtered urine on to nitric acid in a test tube, and in which case a fine white cloud would be seen between the two limpid fluids.

Dr. Armstrong asked whether the old plan of letting down urine on top of nitric acid was not good.

Dr. F. W. Campbell said that as principal medical examiner in Canada for the New York Life Insurance Co., and others, he had had a large experience in testing urine, and he had been often struck with the fact that there was frequently no relation whatever between high specific gravity and sugar, nor between a low specific gravity and albumen.

In reply Dr. Ruttan stated that the precipitate with nitric acid represented the total proteids in the urine, while picric acid only threw down the albumen. The reagent referred to consists of 10 per cent. of citric acid and 20 per cent. of saturated solution of picric acid.

*Stated Meeting April 5th, 1889.*

THE PRESIDENT, DR. W. GARDNER, IN THE CHAIR.

Dr. Williams was elected a member of the Society.

Dr. Sutherland exhibited an extreme case of nevus, or angioma, in which the vascular growth was formerly flat, but was not pedunculated.

Dr. Laphorn Smith inquired what surgical resources were available in cases of this kind.

Dr. Sutherland replied that we might dissect out the whole diseased growth and replace it with healthy skin, by Thiersch's method, but the patient in this case had lived for 60 years with his blemish, and no longer cared enough about it to wish for an operation.

Dr. Byuler recommended electrolysis. He

had had a case of vascular tumor at the base of the orbit which he had treated very successfully by that means, as far as the nevus was concerned, although it had unfortunately set up optic neuritis and the patient had partially lost the sight of that eye.

Dr. Hingston said that he had treated these cases in a great many different ways, and that he now preferred either to remove the peduncles with the knife and hemostatic forceps, and then to remove the flat part with the actual cautery used, very boldly. This would leave a white scar instead of the red patch. When very deep he was in the habit of scarifying it either with parallel or right angle cuts, so as to completely cut off the circulation in the growth.

Dr. Gardner asked Dr. Hingston if he would not fear hemorrhage with the cautery at a white heat?

Dr. Hingston replied that he would not.

Dr. Laphorn Smith believed that since we thoroughly understood the hemostatic action of the positive galvanic pole that electricity offered the easiest, safest and best method of treating these blemishes.

Dr. Gardner thought that it would be difficult to use a strong enough current so near to the cerebral centres.

Dr. Smith replied that if we placed the inactive pole on the patient's hand or foot then the current would have to go through the nerve centres in order to make a circuit, but by placing the inactive pole on the skin as near as possible to the active pole, and by employing moist clay of sufficient surface and by taking care to increase and diminish the current gradually, so as to avoid shock, there would be no danger in getting up to twenty-five or thirty milliamperes, which was more than sufficient to make the positive needle destructive.

Dr. Finley showed a phthisical lung, also a urinary tract, including the kidneys, ureters, bladder and urethra, which were loaded with tubercle.

Dr. Armstrong showed a dilated Fallopian tube which he had removed. Its condition could not be diagnosed before the operation, owing to its being curled around the back of the ovary, to which it was intimately adherent, and which was removed with it. Still, as the woman's life was rendered wretched by pain and fever, he decided to operate and was well pleased with the result, as she already felt much better. Following Tait's advice, he removed the other appendage, which was also diseased, but not so much so as the first.

Dr. Armstrong also showed a blood clot which he had removed from the internal saphenous vein; it had been occluded for over a year on both sides, and he had no difficulty in removing it.

Dr. Gardner said, with regard to the case of diseased tubes, he thought that it was sometimes

very difficult to make a diagnosis in such cases ; and even if it could be done he did not think it was always right to try to make it exactly, owing to the danger of rupturing a tube full of pus. He was glad to hear that Dr. Armstrong had removed both appendages as Tait had recommended should always be done.

Dr. Hingston said that as they all knew he was very much opposed to unnecessary removal of the ovaries and tubes, but in this case he had been present and had given his fullest assent to the operation, as on removing the tube pus was seen to exude from the cut end.

Dr. Trenholme said he had seen this case before the operation and he could not make up his mind as to the diagnosis. It had appeared to him at first very like a small fibroid.

Dr. Laphorn Smith then read a brief note on shortness of the umbilical cord as a cause of distocia, which appears in another column.

Dr. Gardner wished to say a few words on the pathology of inversion of the uterus which Dr. Smith attributed to unavoidable or injudicious tractions of the cord. He did not think that inversion was always due to this cause. In some cases it was chronic and was caused by the constant dragging on some part of the fundus by a polypus.

Dr. Mills wanted to know whether any members could offer any reason for the cord being abnormally long.

Dr. Girdwood said he had only seen one case of inversion in his life, and in that case he was hurriedly called in in the absence of the attending physician, three days after the confinement, to see a lady whose inverted womb had appeared outside of her body when she had sat up to pass water. He found the uterus firmly contracted.

Dr. Aollway inquired whether any member knew of any nervous condition which would predispose to inversion.

Dr. Hingston said he had been called to a recent case of inversion by a confrere, in which the uterus was so firmly contracted that it had required an hour's hard work to get back to its proper position. In fact it was only by the aid of a blackthorn stick, which he had in his hand when called, that he had been able to gradually depress the fundus until it went through. Dr. Hingston thought that this proved that the trouble did not depend on relaxation.

Dr. Laphorn Smith in reply said that the cases referred to by Drs. Girdwood and Hingston proved nothing. It was well known that immediately after the accident the uterus entered into a state of spasmodic contraction owing to the irritation caused by its abnormal condition. But this did not prove that the accident did not happen while it was in a state of marked relaxation. In every case he had heard of there had always been traction on the cord, and in most of them the uterine contrac-

tions had been getting weak either owing to chloroform or to exhaustion.

The reader of the paper could not conceive of such a thing as the uterus contracting itself inside out. The tighter it contracted the more impossible it seemed to him for it to be inverted.

Dr. Laphorn Smith also read a short note on the Fritz-Bozeman return flow catheter, which will be found in another column.

*Discussion.*—Dr. Trenholme did not believe in curetting after a miscarriage. The separation of the placenta was a natural process and required a little time.

Dr. Alloway was in favor of leaving miscarriages alone, provided the debris was not preventing drainage. He did not agree with the reader of the paper in thinking that patency of the tubes was a common accompaniment of diseased endometrium. He thought that in the cases referred to by Dr. Smith, in which the sound had gone in several inches farther than the known depth of the uterus the sound had gone through the fundus.

Dr. Armstrong thought that septic trouble after miscarriage was rare, so that he left them alone except when there was flooding, in which case he curetted with very satisfactory results. He thought that the best curette was the finger.

Dr. Laphorn Smith, in reply, wished it to be distinctly understood that he was a conservative gynecologist, and as such was opposed to curetting for miscarriages. It was for this very reason that he so strongly advocated the use of the Fritz-Bozeman catheter for the purpose of keeping the uterus aseptic until nature had thrown off the secundines. As to Dr. Alloway's remark about passing the sound through the fundus uteri, he begged to refer him to a very able paper by Dr. Wallace, of Liverpool, on open Fallopian tubes, their diagnosis and treatment, illustrated by fifty-three cases, *Br. Med. Jour.*, 23rd Feb., 1889. When Dr. Smith was in Liverpool two years ago Dr. Wallace had passed the sound up to the hilt into the uterus of half a dozen patients in the same ward, for Dr. Smith's information. He was sure that the uterus had not been perforated as many times, as no force whatever was used.

Dr. J. C. Cameron, then read a short paper on "drain sore throat," in which he showed that when a number of cases of sore throat broke out in the same family, and when it was of a marked adynamic character, and accompanied by a rash somewhat resembling scarlet fever, there was good grounds for suspecting the drainage system of the house. In a case which he had recently had, there were ten members of the same family affected at the same time, and he had found that it was due to a defect in the ventilator of the soil pipe. In six of the cases there was both tonsillitis and ulceration of the throat.

Dr. Blackader had had a similar experience,



Dr. Wilkins did not think that all cases of tonsilitis were due to defective drains. He thought that the weather had something to do with it.

Dr. Geo. Ross thought that the rash was a very important fact, as it might render a diagnosis exceedingly difficult. In a number of cases he had had, all the patients had been served with the same milk.

Dr. Buller thought that sore throat was frequently due to sewer gas.

Dr. Mills thought that it was more likely the solid particles floating in sewer gas which caused the disease.

Dr. Proudfoot thought that it was in some cases also due to direct contagion.

Dr. Spendlove had recently had a case in which the contagion had apparently been carried by a pet cat.

Mr. Fleming, of the Sanitary Association, testified to the fact that 75 per cent. of the sewers which he had examined in the better parts of the city had been found to be defective.

Dr. Cameron made a strong appeal to the members to promote the objects of the Montreal Sanitary Protective Association, which only cost five dollars a year.

A resolution of respect to the memory of the late Dr. R. P. Howard was moved and seconded by Drs. Hingston and Fenwick in the most feeling terms, and was carried by a silent standing vote.

## UNIVERSITY OF BISHOPS COLLEGE.

### EIGHTEENTH ANNUAL CONVENTION OF THE FACULTY OF MEDICINE.

The Eighteenth Annual Convention of the Faculty of Medicine of the University of Bishops College was held in the Synod Hall, Montreal, on the afternoon of the 3rd of April. Chancellor Hennek er presided, and was supported by Principal Adams, Rev. Mr. Norton, and the various members of the Faculty.

The attendance of ladies and gentlemen was very large, the room being filled to overflowing.

Dr. G. Tilliere Ross, the Registrar of the Faculty, then, on behalf of the Faculty, read the annual report, which showed the following result: The number of students for the year was 39, an increase of 12 over the previous year, the summary of the present students' location being as follows: 26 from Quebec; 5 West Indies; 4 Ontario; 2 Ireland; 1 United States, and 1 Australia.

The following have passed all the primary examinations: Herbert Tatley, C. R. Woods, and H. G. Spooner. The following gentlemen, five in number, passed all the final examinations, and received their degrees as doctor: Chas. E. Elliott, Quebec; James M. Jack, Montreal; W.

B. Towle, Geelong, Australia; Thos. S. Nichol, Montreal; and Dr. Alfred C. Smith, New Brunswick, received the *Ad Eundem* degree of C.M., M.D.

Part of the final examinations was passed by James Laurie, T. B. Smiley, C. A. Lauchlin, D. H. Judd, and F. E. Bertrand.

Prizes and honors were won by the following students:

Primary examinations: "David" medal, won by Herbert Tatley. Honors, C. R. Wood.

Final examinations: First class honors were obtained by Chas. E. Elliott, W. B. Towle, and T. M. Jack; second class honors, T. S. Nichol.

Practical anatomy, senior prize, Jas. Edwards. Junior prize, Wm. Burnett. "David" medal for the best examinations in all the primary branches, won by Alfred E. Mayner.

Chancellor's prize, for the best examinations in all the final examinations, won by W. B. Towle. The "Wood" gold medal, for best examination in all primary and final examinations, won by C. E. Elliott. The "Nelson" gold medal for special examinations in surgery, won by Chas. E. Elliott.

In medical jurisprudence the following obtained first-class honors: Jas. Laurie, T. B. Smiley, A. E. Mayner, David H. Judd, and F. E. Bertrand.

First-class honors in ophthalmology were taken by T. B. Smiley, C. A. Lauchlin, D. H. Judd and F. E. Bertrand.

First-class honors in pathology: Jas. Laurie, T. B. Smiley, C. A. Lauchlin, D. H. Judd and F. E. Bertrand.

The valedictory address on behalf of the graduating class was delivered by Dr. C. E. Elliott, and the graduates were addressed on behalf of the Faculty by the Dean, Dr. F. W. Campbell. Short addresses were subsequently delivered by Principal Adams and by Mr. L. O. Armstrong, a former student of the College.

A summer session opens this month.

## Progress of Science.

### MYRTOL IN TUBERCULOSIS.

Dr. Eichhorst recommends the internal administration of myrtol to overcome putrefactive processes of the air-passages. This preparation is administered in two grain capsules, two of which are taken every two hours. It can be continued for weeks, without causing any bad after-effects. Not only does it ameliorate the gangrenous odor of the expectoration, but diminishes also the quantity of the expectorated material. It does not stay the progress of the tuberculosis.—*Münchener med. Wochenschrift*, November 27, 1888.

## FOR DYSMENORRHOEA.

Dr. J. Shaw recommends a mixture of belladonna and hyoscyamus for the relief of dysmenorrhœa. It is particularly in the so-called neuralgic or spasmodic form of the affection that this mixture seems to afford the greatest amount of relief.—*Lancet*, September 22, 1888.

## MAGNESIUM-SILICATE IN CHRONIC DIARRHOEA.

This preparation is administered by Dr. Debove, in twenty-five to sixty grain doses. In the diarrhœa of phthisis, if given with milk and for a prolonged period, it will overcome the diarrhœa, and improve the appetite and digestion.—*Deutsche med. Wochenschrift*, November 22, 1888.

## FOR UTERINE HEMORRHAGE.

R.—Extract of Indian hemp  $7\frac{1}{2}$  grs.  
Fluid extract of ergot 1 drachm.  
Fluid extract of hamamelis,  
Tr. of cinnamon  $\text{āā } \frac{1}{2}$  ounce.—M.

Sig. One teaspoonful three times daily.—*Revue de Thérapeutique*, December 1, 1888.

## FOR DYSPEPSIA ACCOMPANIED WITH PALPITATION.

R.—Compound tincture of cardamon  $\text{ʒij}$ .  
Aromatic spirits of ammonia  $\text{ʒij}$ .  
Bicarbonate of soda  $\text{ʒj}$ .  
Infusion of gentian q.s.  $\text{ʒvj}$ .—M.

Sig. One teaspoonful when required.—*Revue de Thérapeutique*, December 1, 1888.

## ANTISEPTIC GAUZE.

To prepare "antiseptic gauze," used for dressing wounds, etc., Professor Gross directs:—Boil the gauze (to remove fatty matter) in a solution of  $\frac{1}{2}$  lb. sodium carbonate to the gallon of water, for eight hours; rinse with clean water, and keep in the following solution: To the pint of ordinary bichloride of mercury 1 to 1000, add glycerine  $\text{ʒ ss}$ , alcohol  $\text{ʒ j}$ .—*American Digest*.

## TREATMENT OF SCARLATINAL DIPHTHERIA.

Professor O. Henbuer, of Leipzig, treats the diphtheria of scarlet fever with injections of three to five per cent. solutions of carbolic acid into the tissues of the tonsils from which it passes into the lymphatics. The injections are to be continued until the lymphatics are reduced in size and the temperature has fallen nearly to normal.—*Med. Chirurg. Rundschau*, December 1, 1888.

## SIMPLE TEST FOR ARSENIC.

To the suspected liquid is added, in a test tube, a solution of caustic potash or soda, and then a fragment of aluminium. The mouth of the tube is then closed with paper moistened with a solution of nitrate of silver. If arsenic be present, the paper turns black. Aluminium is preferable to zinc, for the latter may contain arsenic, whilst aluminium is always free from it.—*Farm. Ital.; Arch. de Pharm.; Amer Jour. Pharm.*, December, 1888.

## TREATMENT OF PITYRIASIS VERSICOLOR

R.—Salicylic acid 3 parts  
Precipitated sulphhr 10 "  
Lanolin }  
Vasaline }  $\text{āā } 50$  "—M.

To be applied to the scalp at night and washed off in the morning with soap and water. Continued for one week, this treatment will almost always effect a cure.—*L'Union Médicale*, February 21, 1889.

## ARTIFICIAL CARLSBAD SALTS.

The fulsome advertisements of these salts in various ways may have tended to obscure the fact that very cheap and effective artificial preparations can be made. One of these is that suggested by Ziemssen: Sulphate of sodium, 40 parts; carbonate of sodium, 6 parts; chloride of sodium, 1 part. This should be dissolved in hot water, then the latter evaporated, the remaining salt powdered, and a proper dose of this (one-half teaspoonful) taken in hot or carbonated water.—*Medical Record*.

## INJECTIONS OF LEMON-JUICE IN EPISTAXIS.

After having vainly tried all remedies recommended to overcome epistaxis, Dr Geneuil resolved to test the value of lemon-juice. The results obtained were surprising; nasal hemorrhages which had lasted from twelve to fifteen hours, and which had resisted all known hemostatics, were brought under immediate control.

His mode of procedure is as follows: With the aid of a small glass syringe, he first washes the bleeding nasal cavity with fresh water, in order to remove all possible clots, and directly afterward injects a syringe of fresh lemon-juice. Within less than two minutes the hemorrhage ceases; if not, the injection is repeated.

The author does not attribute the resultant good action to citric acid (as he, on two occasions, made use of a concentrated solution of citric acid with negative results), but rather to the ensemble of substances contained in the lemon.—*Bulletin de Thérapeutique*.



## INGLUVIN IN THE VOMITING OF PREGNANCY.

Dr. Popp (*Pester med. Presse*, No. 40, 1888) reports having achieved considerable success with Ingluvin in the vomiting of pregnancy. Having a very obstinate case, upon which he had exhausted the entire resources of the pharmacopœia, he administered three times daily, one-half hour before mealtime, eight grains of Ingluvin, and directly afterward two tablespoonfuls of one per cent. hydrochloric acid solution. An improvement was observed after a few doses had been taken, and a cure effected after the treatment had been continued for three weeks.—*Deutsche med. Wochenschrift*, Jan. 17, 1889.

## BRONCHITIS.

R. Tincture veratri viridis,  $\mathfrak{m}$  xv; syrupi ipecacuanhæ, spiritu ætheris nitrosi,  $\mathfrak{a}\mathfrak{a}$  fl oz. ss. M. Sig.—Fifteen drops every three hours. For a child one or two years old.—B. F. Schneek.

Another :

R. Pulveris ipecacuanhæ, gr. vj; pulveris myrrhæ, gr. xij; potassii nitratis, dr. ss. Misce et divide in partes vj. Sig.—One every fourth hour. For elderly persons.—Paris.

Another :

R. Acidi hydrocyanici diluti, gtt. j; tincturæ lobeliæ, fl. dr. j. M. Sig.—One dose. Complicated with asthmatic symptoms.—Livezy.

## AN OPHTHALMOLOGICAL TEST FOR FEIGNED BLINDNESS IN ONE EYE.

A German factory hand claimed damages for accidental total blindness of left eye. Experts proved the eye sound by the following test :

The plaintiff was asked to read, through glasses, the left being clear white the right red, some words written in green or black ground. The man read the writing readily, which he could not have done with any but the eye he claimed was defective, since the red glass adjusted to the right eye would make the green letters appear black, and of course invisible on a black ground.—*Alienist and Neurologist* 1888 (October.)

## PUPILARY CONTRACTION DUE TO THE SALICYLATES.

In the January number of the *Practitioner*, Dr. G. A. Gibson and Dr. R. W. Felkin record the singular effects of sodium salicylate in the case of a middle-aged woman to whom twenty grains were given every two hours for an attack that was taken to be of a rheumatic nature. Soon after she had begun to take the drug her pupils were found to be decidedly contracted,

their reaction to light was absolutely lost, vision was distinctly impaired, tinnitus aurium and deafness were present, and there was severe headache, chiefly over the occipital and parietal regions. These effects soon disappeared, and the patient made an excellent recovery. The authors remark that such phenomena might lead to an error in diagnosis, and they are inclined to explain them in their case as due to an idiosyncrasy.—*N. Y. Med. Journal*.

## PLEURISY.

The *Medical World* gives the following prescriptions :

R. Antimonii tartarati, gr. j; vin. ipecacuanhæ, dr. j; aq. dest., oz. viij. One teaspoonful every hour. In acute pleurisy.

R. Potass. iodidi, gr. xxxij; syr. ferri iodide, oz. j; glycerini, oz. j. One teaspoonful twice a day. In children's pleurisy.

R. Potass. nitratis, dr. ij; liq. amon. acetatis, oz. ij, dr. ij; sp. ammon. arom. dr. ij; tinct. aconiti, dr. ss; aq. dest. ad, oz. viij. Two tablespoonsful every five hours.

R. Ammon. carb., dr. ss; sp. chloroformi, dr. iij; vin. colchici, dr. ss; liq. ammon. citratis, oz. iiss; mucil. acaciæ, oz. iv; aq. dest. ad, oz. viij. Two tablespoonsful every four hours.

R. Pil. hydrarg., gr. ij; fol. digitalis, gr.  $\frac{1}{2}$ ; pulv. scillæ, gr. iss. Make one pill, to be taken twice or thrice daily.—*American Digest*.

## GASTRIC COUGH AND ITS TREATMENT.

Bull (*Deutsche Archiv für Klin. Med.*) asks if, as is now supposed, cough may have its origin in such diverse parts as the nose, larynx, bronchi, pleura, œsophagus, intestine, liver, spleen, the uterus and its appendages, why may not the stomach also occasionally be the seat of the afferent impulse. In reviewing the literature, he finds all authors agree as to the possibility of the gastric origin of cough, but regard it of great rarity. Bull recently encountered such a case in a young, anæmic woman, affected with a violent, dry cough excited by pressure over the epigastrium. There were no signs of pulmonary disease. Hæmatemesis and other indications of gastric ulcer had preceded the appearance of the cough. He considers it not unlikely that the cicatrices of the ulcer were the source of the reflex irritation. Chloral and morphine were used unsuccessfully in the treatment of the cough. Subsequently treatment directed to the stomach cured it. Cataplasms were applied, and internally gr. xlv of bismuth were administered four times daily in  $\mathfrak{z}$  xxv of lukewarm water. The cough lessened after the first dose and then gradually disappeared. A recurrence cured by the same means.—*Poly-clinic*.

## BISMUTH SALICYLATE IN THE TREATMENT OF DISEASES OF CHILDREN.

Dr. Ebring has employed bismuth salicylate (Merek's) in 200 cases of dyspepsia, acute and chronic gastric catarrh, gastro-intestinal catarrh, enteritis, phthisical diarrhoea, acid diarrhoea, and dysentery. He gives it, suspended in glycerine or mucilage, because of its insolubility, and because children take pills and powders badly. It is not contra-indicated in constipation. The urine soon becomes more acid, and gives a distinct salicyl reaction; the stools never give this reaction, but quickly become dark in color. He has never seen symptoms of poisoning. He is far from seeing in the remedy a panacea for all cases, but says that when combined with a suitable diet it is most useful and worthy of trial. Its action on the urine suggests that its employment in cystitis may be advantageous.—*London Medical Recorder*, February 20, 1889.

## PHENIC ACID IN THE TREATMENT OF DISEASES OF THE SKIN.

Dr. Bertolus (*Thèse de Lyon*, August, 1888,) gives the results of his observations on the therapeutic action of phenic acid in skin diseases, in the following *résumé*.

1st. Taken internally, phenic acid is an excellent remedy for the prurigo of Hebra. Not only does it diminish the pruritus, but acts also upon the papules.

2nd. It modifies the exudative eczemas, and those resembling lichen.

3rd. It seems to act directly upon the nerve extremities.

It is useless to allow the daily dose to reach above five to eight grains in the young, and between seven to thirteen grains in the adult, as larger doses will not produce any greater benefit, if, in fact, they do not do harm. Small doses can be continued for weeks or months with good results.—*Revue de Thérapeutique*, December 1, 1888.

## THE REMOVAL OF CERUMEN AND THE PREVENTION OF CONSEQUENT FURUNCLES.

Lowenberg ("Praticien"; "Gaz. hebdomadaire des sciences médicales") thinks that, in view of the liability to the formation of a furuncle after the removal of a plug of cerumen from the ear by simple syringing, the mass should be treated previously for a day or two by instillations of an antiseptic solution made after the following formula:

Boric acid	7 parts;
Glycerin,	} each 100 "
Distilled water	

The solution should be warmed and dropped

in from a test-tube. It is to be applied twice a day, the liquid being allowed to remain in the ear for fifteen minutes. The patient should be informed that this may increase his deafness for the time being, on account of an augmentation of the plug by imbibition, but it softens the mass and facilitates its expulsion.—*N. Y. Med. Jour.*

## SALICYLATE OF MERCURY IN THE TREATMENT OF SYPHILIS.

Dr. Silva Arango, at a recent meeting of the General Polyclinical Society of Rio de Janeiro, read a paper on the therapeutic uses of salicylate of mercury, for which he claimed the following advantages:

1. It is easily supported by the stomach; it does not produce gastralgia, colic, or diarrhoea, symptoms which are so frequently the outcome of the administration of other mercurial preparations, including the proto-iodide and tannate of mercury, which lately have been used very extensively.

2. Salicylate of mercury never produced mercurial stomatitis.

3. Taken internally it acts with greater promptness than any other mercurial preparation heretofore used.

Hearing of Dr. Arango's statement, Dr. Carl Szadek, of Kiev, administered this remedy to twenty-five syphilitics, and from the results he obtained confirms the statement of Dr. Arango.—*L'Abeille Médicale*, January 31, 1889.

## EASY METHOD OF PRODUCING LARGE ANATOMICAL DIAGRAMS.

Mr. W. T. Thomas, in a letter to the *Lancet*, says that he has found thin sheets of mica coated with a varnish of one ounce of dried Canada balsam to two ounces of benzole to answer admirably. His mode of procedure is described as follows: Having coated the mica with varnish, lay it on the picture or engraving to be enlarged, trace the outlines on the varnished surface with a fine drawing pen and liquid Indian ink. Place this as the slide in an ordinary magic lantern (oil lamp gives ample luminosity—I use an Argand reading light in the lantern) and the picture is enlarged to any size according to the distance of the lantern from the screen. I find it is better to use the wall as the screen where the paper or calico is hung, and it is an easy process to run over the outline on the material with a soft crayon. The tracing, fitting up, and drawing occupy on an average a quarter of an hour. Enlarging on a blackboard so that the lecturer may fill in is easily done by this method, the room being slightly darkened, absolute darkness not being necessary, as only black lines are required, and no fine features or tracery.



## TREATMENT OF ERYSIPELAS.

Dr. W. Ebstein, of Breslau, details a method introduced by Prof. Rossenbach into the Allerheiligen Hospital of that city. The basis of this treatment consists in limiting the spread of the disease to as small an area as possible. To accomplish this the healthy skin surrounding the infected portion is thoroughly cleansed with soap and water; then a strip of healthy skin, bordering on the diseased portion, is, after being thoroughly dried, anointed with five per cent. carbolated vaseline; this done, the same ointment is applied to the diseased portion, but in order to avoid infecting any healthy tissue, *the application must be made from the healthy toward the diseased portion and never the reverse.*

The result of this treatment (which was applied to twenty-seven cases of erysipelas of the head, face, neck, and leg) were most satisfactory. All recovered; the duration of the disease was relatively a short one, and in but few instances did the affection overstep the boundary line; and when it did, only for a short distance, and for a brief period.—*Deutsche med. Wochenschrift*, February 7, 1889.

## THYMOL IN THE TREATMENT OF TYPHOID FEVER.

At the Congress of medicine held in Rome last October, Dr. Testi related his experience of thymol in more than 150 cases of typhoid fever treated in the hospital of Faenza. The results were most satisfactory. The temperature was reduced not, he maintained, by the withdrawal of heat from the body, as is the case with ordinary antipyretics, but by moderating its production. The antiseptic action of the drug was also marked; it diminished tympanites, checked diarrhoea, and notably lessened the putrefactive products usually found in excreta. Dr. Testi also states that on microscopic examination he found a remarkable diminution in the number of mucous corpuscles, epithelial debris, and parasitic elements (especially granular) in the stools. The drug has also a marked effect in reducing the excretion of urea, and as it increases the blood pressure it has no injurious influence on the action of the heart. Dr. Testi strongly recommends thymol in typhoid fever as mitigating the severity of the disease and preventing complications.—*British Medical Journal*, February 23, 1889.

## ON THE PERIOD FOR SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION.

Dr. B. W. Richardson recently read before the Medical Society of London a paper on this subject, confining his remarks to acute attacks. He summarized his conclusions as follows:

1. That in all cases of acute intestinal obstruction the use of milder measures, such as purgatives, enemata, massage, etc., might safely be carried out until the supervention of fecal vomiting.
2. That as soon as this was established an exploratory incision into the abdomen should be made without delay.
3. That obscurity of diagnosis, in the presence of this symptom, ought not to be allowed to stand in the way of an operation.
4. That clinical experience showed that there was very little chance of recovery when once stercoraceous vomiting had declared itself unless an operation was performed.
5. That fecal vomiting was a symptom of much more gravity than would attach to the mere mechanical effect of obstruction.
6. That symptoms of collapse were not a contra-indication to operative interference.—*British Medical Journal*, February 23, 1889.

## TREATMENT OF OZÆNA.

Prof. Cozzolino, of Naples, recommends the following treatment for ozæna:

R.—Salol.	75 grs.
Boric acid	45 “
Salicylic acid	7½ grs.
Thymol acid	3 “
Powdered talc	2 drachms.

Or

R.—Bichlor. of mercury	1½ grs.
Resorcin	22½ “
Benzoic acid	30 “
Boric acid	3 drachms.

These powders are applied to the nasal passages, after having irrigated the same with carbolic or salt water, using, in so doing, a Weber's douche. At the same time the following preparation is to be applied to the nose morning and evening:

R.—Distilled water	3iv.
Alcohol	1½ ounces.
Chloride of zinc	30 grs.
Thymol acid	3 “
Menthol	4½ “

—*Wiener Med. Presse*, Nov. 4, 1888.

## TREATMENT OF INGROWING TOE-NAIL.

Dr. Theodore Clemens, of Frankfort, strongly recommends the employment of tinfoil in the treatment of in-growing toe-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelopes the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course the toe has to be repeatedly dressed with tinfoil; but if

the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and cause the nail to grow more slowly and in a more healthy manner.—*Lancet*.

### HYGIENE OF THE EYES.

Dr. Lincoln, of Boston, in *The Annals of Hygiene*, formulates the following rules to be observed in the care of the eyes for school work:

1. A comfortable temperature, and especially let the feet be warm and dry.
2. Good ventilation.
3. Clothing at the neck loose; the same as regards the rest of the body.
4. Posture erect; never read lying down or stooping.
5. Little study before breakfast or directly after a hearty meal; none at all at twilight or late at light.
6. Great caution about study after recovery from fevers.
7. Light abundant, but not dazzling.
8. Sun not shining on desks or on objects in front of the scholar.
9. Light coming from the left hand, or left and rear, under some circumstances from in front.
10. The book held at right angles to the line of sight, or nearly so.
11. Frequently rest by looking up.
12. Distance of book from eye about fifteen inches.—*Journal American Medical Association*.

### SOME OF THE ABUSES OF ETHERIZATION.

Dr. George F. Shrady, of New York, concludes an article upon this subject with the following *résumé*:

1. In commencing the administration of ether, the gradual method is to be preferred.
2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor.
3. After the stage of primary anæsthesia is

reached, the more pure ether vapor the patient breathes the better.

4. The shorter the time of anæsthesia, and the smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.

5. The more evenly it is administered, the less shock to the patient.

6. Anæsthesia should be entrusted to experienced administrators only.

7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.

8. The minimum amount of force should be employed to restrain the muscular movements of the patient.

9. Mixed narcosis is often advisable for prolonged operations.

10. The utility of the galvanic battery, in threatened death, is yet to be proven.

11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermatic stimulation, inhalation of nitrate of amyl, and inversion of the body.—*Medical Record*, February 23, 1889.

### GONORRHEA.

Many are troubled with the difficulty with which this disease is combated. If it only be considered as an inflammation of a mucous membrane with a specific or microbic cause, the appropriate treatment becomes simple enough. We will first consider treatment by injections. Sulphate of thallin, four grains to the ounce of distilled water, is said to cut short the disease with a few applications.

We have found excellent results from one grain each of cocaine, morphine, atropine, chloral hydrate, sulphate of zinc, and sulphocarbonate of zinc to the ounce of distilled or rose-water. After the acute stage has subsided, withdraw the cocaine first, then the atropine, and then the morphine, continuing with the chloral and the zinc salts as long as there is any irritability of the urethra.

The king of injections for lingering subacute gonorrhœa or gleet, is the following: *R* Ext. hydragris fld., f 3 j; bismuthi subnitrat, 3 j; boroglyceride (50 per cent.) mucil. acacia, aa f 3 ss. *M.* Sig. Use as an injection.

The constitutional conditions to be considered are plethora and debility. Plethora increases the intensity of the inflammatory stage and protracts its duration. The only remedy necessary is saline laxatives during the stage indicated. Debility prolongs the subacute stage and favors chronicity. Tincture of the chloride of iron (always given some time before meals) is the most appropriate remedy for the condition, commencing with the beginning of the subacute stage.

As internal treatment, the sulphide of calcium should be given from the start, and during the



entire period of suppuration, one-tenth grain ten times daily. If debility exists, one grain of lacto-phosphate of lime should be taken with each dose.

The following is an excellent combination to be taken from the very first: R. Tincturæ opii, ʒ ij; vini colchici seminis, f ʒ ss; liquoris potassi citratis, f ʒ viiss. M. Sig.: One tablespoonful four times a day.

The oils of eucalyptus, sandal wood, cubebs, and turpentine, and the balsam of copaiba are all useful as additional remedies in cases which show that they are not yielding readily to the regular treatment.

This is simply an outline of a course of treatment which has proven more than usually successful, omitting the long list of remedies that are objectionable for any reason.—*Medical World*.

### USES OF BORACIC ACID.

Dr. Lebovitz, in the *Weiner med. Presse*, narrates some uses to which he has put boracic acid.

1. Boracic acid acts antiseptically. Every soldier should carry one ounce of it in his overcoat pocket, and a handkerchief cut in two triangles for necessary bandages. Simply sprinkling a wound with finely powdered boracic acid suffices to insure rapid healing. This remedy being odorless and itself absorbing all odors, the author has used it advantageously in abscesses, ulcers of the feet, caries and necrosis of the bones, and in complicated fractures.

2. In anthrax and after the incision of furuncles it acts well when applied directly to the parts. Forming furuncles should be painted several times daily with the following:

R—Boracic acid }  
Water }      aa equal parts.

3. In burns, when the flesh is exposed, it is necessary to be careful with poisonous antiseptics. Boracic acid possesses the advantage of being non-poisonous. He covers the burnt surfaces with a boracic vaseline ointment in the proportion of one to five:—

R—Boracic acid (finely powdered) 20 parts  
Glycerine 15 "  
Mix, and add, Vaseline 85 " —M.  
Apply twice daily.

In severe burns, with fever, the author combated the fever by the internal administration of the following:

R—Boracic acid 4 parts  
Glycerine 10 "  
Water 100 "  
Syrup of poppies 25 " —M.

Sig.—A teaspoonful every two hours.

4. In skin diseases, such as pemphigus,

eczema, rhagades, rupia, and scabies, the results obtained with boracic acid have been most favorable. The formula used was:

R—Boracic acid (finely powdered) 10 parts  
Glycerine 20 "  
Lanolin 30 "

The treatment of scabies consists in first taking a warm bath and then rubbing the affected parts with boracic-vaseline salve (first one to two; later equal parts). The duration of this treatment averaged six days. In a case of granular conjunctivitis a cure was effected within forty-five days; a like result was obtained in some cases of pannus. Chronic scrofulous otitis is improved by lukewarm injections of concentrated boracic acid solutions; the application of boracic acid glycerine (one to ten) to stomatitis, aphthæ, or tonsillitis is followed by a curative effect.

5. For coryza:

R—Boracic acid (finely powd.) }  
Powdered coffee } equ. parts.—M

Use as a snuff.

6. In some cases of chronic endometritis with leucorrhœa and sterility, the uterus was filled with powdered boracic acid, and then a boracic acid tampon applied. After removing the tampon, the cavity was irrigated with a boracic acid solution. A cure was generally effected after a three or four months' treatment, in some cases conception following.

7. In cystitis the bladder was washed out (in acute cases) with a three per cent. boracic acid solution, and in chronic cases this treatment was followed by the internal administration of from forty-five to ninety grains of boracic acid.—*Deutsche med. Wochenschrift*, January 24, 1889.—*Med. News*.

### VOCAL MUSIC AND PREVENTION OF PHTHISIS.

At a meeting of the Medical Society of Virginia, Dr. E. C. Busey, of Lynchburg, Va., read a paper on the cultivation of vocal music in schools as one of the means of preventing phthisis. He states it as a well-known fact that those nations which are given to the cultivation of vocal music are strong vigorous races, with broad expansive chests. If an hour a day in public schools were devoted to the development of vocal music, there would not be the sad spectacle of the drooping, withered, hollow chested, round shouldered children which confronts us now. There is too great a tendency to sacrifice physical health upon the altar of learning. Vocal music is gymnastic exercise of the lungs, producing increased expansion to the lung tissue itself. The lungs in improved breeds of cattle, which naturally take little exercise and are domiciled much of the time, are consider-

ably reduced in size, when compared with those animals running at liberty; and so it is with the human beings who lead inactive lives. Phthisis generally begins at the apices of the lungs because these parts are more inactive, and because the bronchial tubes are so arranged that they carry the inspired air with greater facility to the bases than to the apices. During inactivity a person will ordinarily breathe about 480 cubic inches of air per minute. If he will walk at the rate of six (*sic*) miles an hour, he will breathe 3,260 cubic inches. In singing, this increases more than in walking, as singing well requires all of the capacity of the lungs. The instructor of vocal music, in addition to his musical education, should understand the anatomy and physiology of the respiratory organs.—*Virginia Medical Monthly*.

### FORMULA FOR CREASOTE.

Dr. Keferstein gives some formula in the *Therapeut Monatshefte*, which have proved useful in his practice.

The following formula is for administration of the creasote in pill form: R. Creasoti, ʒ i; powd. althea root, ʒ iss; licorice juice, f ʒ iss; mucilage of acacia, q. s. ut fiant pil. No. 120; coat with gelatine. Sig. Six pills three times a day.

When there is much cough and diarrhoea, the following may be given: R. Creasote, gr. xv; acetate of lead, opium (pure) ãã gr. ivss; licorice juice, f ʒ iss; mucilage of acacia, q. s. ut fiant pil. No. 50. Sig. Five pills three times a day. Five pills contain one and one-half minims of creasote.

Instead of giving the creasote in cod liver oil, Keferstein has the following emulsion made, which can be taken even by children; R. Creasoti, ʒ xx; solve in olei amygdalæ f ʒ viiss; pulv. acaciæ, ʒ v; aq. destil, f ʒ iiiss. M. Ft. emulsio. Adde, tinct. aurant. comp. ʒ xv; oleosach. menth. pip. f. ʒ i. M. Sig. A tablespoonful from two to five times a day.

In the case of children it will be sufficient to make up half the quantity, and give a teaspoonful of it at a time. One tablespoonful of this emulsion contains one and one-half minims of creasote. If the taste of oil is detected, black coffee may be given after it.

The following formula is suitable for giving creasote in the form of drops: R. Creasoti, ʒ xl; tinct. cinnamomi, f ʒ viiss. M. Sig. Fifty drops three times a day, or one-half teaspoonful in a cup of warm milk, added while the milk is vigorously stirred. Twenty-five drops of this mixture contain one and one-half minims of creasote. Instead of milk, warm sugar and water may be used; but if alcoholic fluids are used they should be cold, while if non-alcoholic fluids are used—the best of which are mucilaginous—they should be warm.—*Wiener med. Presse.—Medical and Surgical Reporter*.

### THE CONNECTION BETWEEN POLLUTED WATER AND TYPHOID FEVER.

The wide distribution of typhoid fever over the surface of the globe, amongst civilized nations at least, and the great mortality which it causes every year, have imparted to the question of its prevention a very general interest. As prevention depends upon a knowledge of the cause, the discovery of the potential agent and the mode of its propagation and the means of its communication are the prime objects of investigation. The germ theory of the origin of typhoid fever seems to have been established upon a substantial basis. The media by which the affection gains access to the human body are various. The digestive tract is the main avenue of entrance of the microorganism, which is frequently contained in water and food.

From the liability of water to contamination, it has been the principal subject of investigation in all attempts to discover the origin of epidemics of this disease. The well-authenticated outbreaks of typhoid fever dependent upon the use of water polluted by the dejecta of fever patients would seem to leave no room for doubt that water is a common means of conveying the pathogenic organism which incites the disease; and while our knowledge of the subject is not sufficiently precise to warrant exact deductions, there is not wanting evidence of the cumulative sort in connection with recent outbreaks of typhoid fever, which is so conclusive of the mode of infection by specifically contaminated water as to justify its acceptance even without the positive demonstration which improved methods of bacteriological investigation will some day be able to furnish.

At the International Congress for Hygiene and Demography, recently held in Vienna, the relation of the water-supply to the origin of diseases formed a prominent subject of discussion. Numerous instances were related of the influence of drinking-water in spreading infectious diseases, especially typhoid fever. Most of the epidemics described were of recent occurrence, and the evidence seemed to indicate that polluted water was the starting-point of all these outbreaks. The absence of proof of the existence of the specific bacillus in the water before the epidemic occurred, and our inability to differentiate with certainty between the typhoid bacillus and similar bacteria found in water and in the soil, were mentioned by Hueppe and Emmerich as weakening the chain of evidence. The section, however, unanimously adopted the following proposition: "In view of the demonstrated possibility of drinking-water and water used for domestic purposes giving rise to disease, the provision of good unsuspectuous waters is one of the weightiest measures of public health."

It would be well if the water purveyors of



our cities would adopt this maxim as a guiding principle. Sewage contamination of our rivers, which are the chief source of domestic water supply, is increasing year by year. The increasing prevalence of typhoid fever would seem to point to this unwise and pernicious practice as the cause. Foreign countries have learned by disastrous experience the unwisdom of this practice. Shall we profit by this experience, and, without waiting for the inevitable, prevent that which it will be infinitely more difficult to remedy in the future?—*Medical Progress.*

### THE SUSPENSION TREATMENT OF LOCOMOTOR ATAXIA.

Dr. Paul Blocq has recently read a paper at the Société Médico-Pratique (*Rev. Gén. de Clinique*, Feb. 14, 1889) on the results of Dr. Motchonowsky's treatment of locomotor ataxia by suspension, as carried out for the last few months at the Salpêtrière. The treatment was suggested to Dr. Motchonowsky, of Odessa, by observing the benefit which an ataxic patient, also suffering from spinal curvature, derived from the suspension required in applying a plaster jacket. On suspending other ataxics in a similar manner, he found that very marked improvement in the lightning pains and the motor incoördination followed, and vesical and sexual power was restored.

At the Salpêtrière fifteen patients have been submitted to 900 suspensions since last October, with marked benefit in many cases. The most usual signs of improvement were the reëstablishment of sexual function, the disappearance of bladder troubles, diminution and disappearance of the lightning pains, with improvement in motor coördination, so that patients who had only been able to walk with the help of an attendant on one side and a staff on the other, could leave the hospital after treatment without help of any kind.

Dr. Paul Blocq has also applied suspension with benefit in Friedreich's disease. The suspension was applied two or three times a week for periods varying from thirty seconds to three minutes each time. Improvement in walking began in the case of a girl, aged fourteen, in the second week of treatment. Later, a spoon could be carried to the mouth with the eyes closed, and she now learns the piano, writes with little tremulousness, can walk better, can stand with the eyes closed, and the catamenia have become established. The tendon reflexes are, however, still wanting, and scansion and nystagmus remain.

As Professor Charcot remarked, these results in a disease which has always been slowly progressive and almost invariably fatal, are worthy of attention. He suggests that the suspension may act by modifying the circulation of the spinal cord, or by stretching the nerves as they

leave it. Whatever its *modus operandi* may be, it is certain that suspension is an agent of considerable power, since serious accidents have occasionally happened during the application of a Sayre's jacket, and it is, therefore, to be used with discretion and care.

We understand, also, that a number of patients suffering from various forms of chronic degeneration of the nervous system are being treated by suspension in various London hospitals. It is, of course, too early to form any definite opinion of the value of this treatment; but, so far, the results have been encouraging. A patient at present in St. Mary's Hospital was "suspended" on January 22nd, and at intervals from that day, by Dr. de Watteville, physician in charge of the electro-therapeutical department, who has reported the case as progressing satisfactorily. The most apparent improvement consists in the increase of gait and equilibration, as manifested by the ease with which the patient can turn around when ordered to do so. Dr. Althaus informs us that he has found it beneficial in two cases of tabes; lightning pains in the one case, and in the other gastric crises, have ceased. In a case of severe paralysis agitans the tremor ceased for thirty-six hours after the first suspension.—*British Medical Journal*, February 23, 1889.

The *Berliner klin. Wochens.*, No. 8, reports that the suspension treatment has been tried in the clinics of Professors Eulenberg and Mendel with equally favorable results, the suspensions, which took place three times a week, being at first of one minute's duration, increasing by half a minute up to three minutes. About twenty patients have thus been treated; and although, of course, the time is too short to announce any very positive results, two facts have been found to follow the treatment, viz: 1. A certain number of patients have, immediately after the suspension, a readier and freer gait, less staggering, and complain less of lancinating pains (in some, also, improvement was noted in visual symptoms). 2. No ill effects have followed the practice. Our contemporary warns physicians and the public from hasty and exaggerated hopes in its efficacy.—*Lancet*, March 2, 1889.

### MACEWEN'S OPERATION FOR RADICAL CURE OF HERNIA.

Dr. H. L. Burrell, in a paper read before the Suffolk County Medical Society, and published in the *Medical and Surgical Reporter*, said that:

He had operated in eight cases, all of which had been successful so far as heard from. In two of them scrotal abscesses formed. In the others union was by first intention. They have been in adults and in children; complicated and simple. As to permanency of cure, suffi-

cient time has not elapsed to be sure. Personally, he felt that at least three, and better, five years, should have elapsed. The operation is an attempt to restore the inguinal canal to its normal condition, and then the placing of an intra-abdominal pad in apposition with the internal surface of the internal ring. It is distinctly and strictly an operation devised and applicable to oblique inguinal hernia. As applied to femoral hernia the operation is incomplete, in that it does not close the crural canal. Dr. Cushing's operation fills this gap.

The intrinsic difficulty in closing a hernial opening is the preservation of the cord and its accompanying vessels; and previous to Macewen's operation he had come to the belief that the only satisfactory way of absolutely closing the hernial canal would be to enucleate the cord and testicle, and close the inguinal canal by a direct attack upon its intra-abdominal surface. This operation he once performed on a priest, but on account of the necessary mutilation it is not applicable to the ordinary patient.

The indications which had governed him in advising Macewen's operation have been: uncontrollable by truss hernia; painful truss hernia; and in one case he operated where there was great mental depression associated with the hernia.

The following points of importance have suggested themselves to my mind as bearing on the technique of the operation: *a*, the finding of the sac; *b*, the isolation of the sac; *c*, the troublesome hemorrhage and manipulation of the tissues; *d*, the introduction of the sutures; *e*, the dressing; *f*, the question of wearing a truss.

*a*. The finding of the sac. The strictest anti-septic precautions have been attempted. An incision of 2 or 2½ inches is made directly over the extreme ring, great care being exercised to bring the incision directly over the middle of the lozenge-shaped opening and running in its direction. The wound is deepened until he met a rather thick white layer, which, on being divided, showed that he had entered a cavity, when he knew that the sac had been reached. He never attempted to isolate the sac without opening it; for the recognition of the cavity is the distinguishing point. Therefore the whole attention of the surgeon from the time he makes the primary incision should be devoted to the finding of the sac. This saves time. If he cannot readily find the sac he allows the patient to partially recover from the ether and the sac is quickly distended.

*b*. The isolation of the sac. Once in the sac he prepares it for restoration to the abdominal cavity. When adherent, he fills the sac, through the small opening, with iodoform gauze, and thus distended there is no difficulty in dissecting it from the cord and the adjacent vessels.

When, however, the sac is filled with omentum, congenital cases directly on or about the testicle, one has a difficult, tedious dissection to carefully separate it from the testicle and return it to the abdominal cavity. Occasionally he has had to divide the omentum into various parts and return the carefully secured ends to the peritoneal cavity.

*c*. The troublesome hemorrhage and the manipulation of the tissues, both of which may be avoided by the packing of the sac with iodoform gauze.

*d*. The introduction of the sutures. This is one of the most difficult points in the whole operation, and he has found that he could place them most accurately by a Hagedorn needle in a good holder. After carefully separating the sac the whole length of the inguinal canal and for half an inch around the intra-abdominal surface of the internal ring, he placed a stitch in the very extremity of the sac and transfixed it through and through and brought it out, after traversing the inguinal canal, through the muscles of the abdomen, pulling up the sac inside the abdomen in much the same way that a Venetian blind is raised. This suture is not fastened in position until the end of the operation, but it is temporarily secured by a pair of pressure forceps. Then he carefully attempts to restore the valve-like form of the inguinal canal by stitching the conjoined tendon with strong silk or stout catgut to the aponeurotic structures of the transversalis, internal and external oblique. He usually places two, if not three sutures in position and, as he ties them, the assistant introduces his finger in the canal to determine how tightly he brings the parts together.

*e*. The dressing. The operation proper is finished when the inguinal canal has been closed. Lately he had dispensed with drainage, but after a thorough and effective flushing with a weak solution of corrosive sublimate, the superficial wound is closed with continuous catgut sutures. The dressing proper consists of six sterilized gauze pads 6x8x½ inches superimposed, covering the wound surface and the scroto-femoral cleft. This is held in place by a carefully applied gauze bandage 4 inches wide, just tight enough to steady the dressing in place. Over this is laid a piece of mackintosh with a hole for the penis. This is covered by sterilized sheet wadding. This is secured in position by a cravat gauze bandage 6 inches wide and long enough to form a double spica bandage. Over this is another piece of mackintosh with a hole in it for the penis. This is secured in position by safety pins as necessary.

*f*. The question of wearing a truss. There is little doubt that the wearing of an ordinary truss after hernia operation is open to the objection that pressure on cicatricial tissue is usu-



ally followed by gradual absorption; but as he does not feel safe with nothing, he has adopted the movable truss, such as recommended by Pye, which does not exert any undue pressure on the cicatricial tissue.

### PELVIC PERITONITIS.

In the *American Journal of Obstetrics*, Dr. Joseph Eastman states that from his experience in the past year he feels warranted in emphasizing the importance of pelvic peritonitis—a disease often overlooked, yet the most common disease of the female pelvis. According to the text books, pelvic cellulitis more frequently follows labor than pelvic peritonitis. Post-mortem examinations, and, within the past few years, abdominal sections, are demonstrating that without some pre-existing peritonitis, the traumatism of child-birth, and other causes heretofore related, would less frequently result in cellulitis. He refers to the autopsies (for all diseases) made by Winckel—well marked pelvic peritonitis was found in one-third of the cases. The same authority found pronounced disease of the Fallopian tubes in 182 cases, out of a total of 575, which were examined post-mortem. These instructive statements should lead to the early medical treatment of salpingitis, which so frequently causes inflammation of structures contiguous to the tubes, owing to their movements and periodical engorgement.

The sharp, stitch-like pains felt by young women, before, during and after menstruation are, as in the chest, significant of more or less inflammatory adhesion of some portions of the serous covering of the pelvic structure. The term pelvic peritonitis may be applied to a circumscribed spot of inflammation, or signify co-existence of perimetritis, perisalpingitis, perioöphoritis, perioöcystitis, and periproctitis. The delicate silky membrane at first becomes opaque, then adheres to the fold of peritoneum nearest in contact. Thus the uterus, rectum, tubes and bladder may become adherent one to the other, or all together: and each recurring attack of inflammation strengthens the adhesions. The serum poured out may become purulent, forming abscesses in the broad ligament, or between coils of intestines; these seriously impair various functions, sometimes causing intestinal obstruction. Should they discharge into the bowel or bladder the ultimate cure is seriously complicated.

Congenital defects in the sexual organs may favor the development of peritonitis. The brain cramming of our school systems is also a predisposing cause, since it interferes with the normal development of the pelvic organs in young girls. Allusion is made to the observation of Tait that disease of the tubes is at times due to the exanthemata, which probably act by causing catarrh of the tubes, or by interfering with the proper

development of the epithelial lining of these organs. Dr. Eastman has removed diseased tubes from several cases in which the history clearly showed that scarlet fever was the cause of the disease. While gonorrhœa is admitted to be a frequent cause of pelvic peritonitis, the extreme views of Noeggerath and Saenger are not accepted. Still there is reason to shudder at the fate of marriageable young ladies, when it is remembered that a large percentage of marriageable young men have suffered from gonorrhœa, and have been imperfectly cured, or rather, not cured at all. The teaching, heretofore extant, that gonorrhœa in the female is less serious than in the male, is wrong, and must be rewritten. The statement of Van Buren and Keyes that gonorrhœa sends more to the tomb than syphilis is quoted with commendation, and it is added that the same foul virus sends twice as many women to the grave as men. While serious lesions in the urethra (resulting from gonorrhœa) are less common in the female than in the male, the Fallopian tubes and ovaries furnish a secret lurking place for the gonorrhœal virus, where its work of destruction is beyond the reach of remedial agents. Means used to prevent conception, especially cold water injections used after coition, cause many cases of tubal and ovarian inflammation. Indeed, abortion is a prolific cause of peritonitis from which many deaths result.

The treatment given refers more particularly to advanced stages of the disease, in which operative treatment alone offers a prospect of benefit or cure. Opium is still accorded the first place in the treatment of acute peritonitis; but we are warned against its use in chronic cases, lest the "opium habit" be induced. Hot applications to the hypogastrium, combined with hot antiseptic vaginal douches, given with the Hildebrandt douche (which instrument allows the use of water ten or fifteen degrees hotter than can be borne by the external parts) are also regarded with favor.

In case that each recurring menstrual period rekindles the inflammation, removal of the uterine appendages, to relieve the pelvis of its periodical congestion, is undoubtedly a warrantable operation, if all other methods of treatment have failed. In answer to the claim that uterine appendages are being removed without sufficient cause, Eastman states that from his limited experience he believes that for every case in which these structures have been removed, unnecessarily, ten women have gone to the grave whose lives could have been saved by timely removal of the appendages by skillful hands.

The attention of those who condemn salpingo-oöphorectomy is called to the following propositions, and they are requested to use anatomical physiological, pathological, and therapeutical common sense in the consideration. Could the ovaries and Fallopian tubes, like the testicle and

epididymis, descend during early life and remain within reach of poultices, iodine, suspensory bandages, etc., and if they could remain free from monthly engorgement, they also might be relieved of congenital defects, physiological abuses, the destructive sequelæ of mumps, the fevers of childhood, and the pernicious gonorrhœal virus, before disorganization had so far advanced as to necessitate their removal. After suppuration has occurred, whether the pus is discharging by the rectum, vagina or not, the treatment instituted by Tait—to open the abdomen, drain the abscess from its fountain source (whether in the broad ligament or between coils of intestines) by stitching the peritoneal margins of the abscess to the abdominal wound and using the drainage tube—is considered the safest and most satisfactory method of treatment. It is preferred to opening the abscess *per vaginam* with the trocar or bistoury; also to enlarging sinuses communicating with the vagina and rectum when such exist. Martin's method of drainage through Douglas' pouch may be more suitable in some cases.—*Medical and Surgical Reporter*.

#### ELECTROLYSIS IN FACIAL BLEMISHES.

One of the most annoying blemishes upon the female face is superfluous hair.

A manly form or voice or face is rarely coveted by a woman; and it is utterly absurd, even cruel, to tell a lady that such a thing is of very little moment, or a disease that will not kill her.

A mole upon the face, a growth of hair, a slight mother's mark, a sallow complexion or a few wrinkles even have produced such a mental condition in a proud, sensitive woman as to demand the utmost skill of some of our ablest surgeons to combat.

In such a condition, as in all other diseases, the first thing to be done is to remove the cause. Not so very many years ago the only remedy for hypertrichosis was either the razor, the tweezers or a depilatory; not really remedies at all, hardly palliatives. A depilatory is only a deep shave, removing the hair apparently; but seldom in reality, unless it has also destroyed the papillary layer of the skin, which it sometimes does, by setting up such an amount of inflammation as to produce this result. Depilatories thus frequently produce a worse disfigurement than the one intended to be cured, are always unsafe, and their use cannot be too strongly condemned.

The tweezers, like the razor, afford only temporary relief, and in some cases really seem to stimulate the growth.

What relation does this form of blemish bear to the general system? It is found in all types and conditions, and not by any means confined

to the masculine appearing woman.

Strumous persons often present a superabundant growth of the natural hair, and it seems to be generally conceded that an excessive growth is an evidence of an aberration of nutrition, and not of increased vitality.

A moustache upon a lady's face is said by some of our close observers to indicate an enlargement of the ovaries, or at least a derangement of the menstrual function. Cases are on record where a general growth appeared subsequent to the suppression of the catamenia, and disappeared from other parts of the body upon the re-establishment of the menses; but not from the face, though apparently not increasing much. Others where the growth appeared after the re-establishment of the periods; not, however, attributed to such return, but rather to the disturbance to the nervous system caused by the cessation.

Among insane women facial hypertrichosis is of frequent occurrence, but generally appears after the insanity. There appears to be some curious relation between the over development of this form of the epithilium and nervous disorders. As the will power declines, the vegetative functions predominate, and often the sexual power is greatly increased after that change which we call somatic death, the skin in many instances retaining its vitality for a comparatively long time, its vegetative function goes on, and hair and nails are said to have been developed enormously. This is denied by some of our dermatologists. I shall not stop to discuss the point, confining myself to live subjects, only noting the fact before alluded to, that excessive growth of hair is not considered as indication of either strength of body or mind; as Dr. Fox says:

"The Sampsons of our day are clean-limbed and naturally short haired, and an abnormal growth of hair in length or location indicates an abnormal condition of the nervous system."

The razor, the tweezers and depilatories having all failed to remedy this difficulty, Dr. Michael, of St. Louis, in 1875, first suggested electrolysis as a safe and sure method for eradication. Dr. Hardaway was the first to put the suggestion to practical use, followed by Dr. Hentzman and others, until now it is quite extensively practised. Dr. Fox, of N.Y., has written a very concise and plain essay upon this and kindred subjects, issued in the Leisure Library Series.

In this form of electrolysis only very weak currents are used. Most writers say that any good galvanic battery will do, but I think that the ordinary acid battery gives a current of too great quantity. A dry chloride cell, or a Leclanché or a Partz, would in my judgment be much better.

A very small needle should be used, the finest



and best obtainable, and flexible, so as not to break easily.

Some operators prefer a platinum needle. It is certainly flexible and non corrosive, but I prefer the fine steel needles furnished by the dealers. They are sufficiently elastic, and of different grades of fineness, so one can choose according to the work to be done, whether on downy hairs, or removal of a mole, wart., etc.

The needle-holder is a simple but delicate insulated handle, with or without an interrupter. As making and breaking the current on the metal connections always gives a little shock, a plain handle might be preferable; but with an interrupter the operator always has the control more perfectly.

The needle-holder is attached to the negative pole of the galvanic battery, the positive pole being attached to a sponge electrode, which is to be well wetted and applied to the cheek, the neck, or the hand of the patient.

As the sponge rapidly loses its moisture, I prefer a bowl of water conveniently placed, connected with the positive pole, and have the patient touch the water with the tips of one or more fingers, as may be required.

Have everything in readiness, insert the needle directly into the hair follicle, tell the patient to put the fingers to the water, and note the effect. If the current is too strong, the blanching of the tissue immediately around the needle will be very marked; if too weak, very little or no effect will be observable.

The exact number of cells required cannot be stated. Experience must be the guide, but commence with three or four and add as needed. If an acid battery is used and the plates are bright and the fluid fresh, unless care is exercised, the face may be burned, before the hair is killed, especially upon a delicate skin. We do not want a caustic effect, but an electrolytic one. If everything is right the first thing noticed will be a slight redness, then a corresponding blanching, and in from ten to twenty seconds little bubbles of hydrogen will appear around the needle, looking like froth, and the hair should now come out with very gentle traction. If it does not, but requires force, let it alone and withdraw your needle. The probabilities are that it was not in the follicle. Do not operate twice on the same hair at one sitting. Be careful not to insert the needle too far, but just far enough to include the follicle.

The operation gives some little pain, but not more, if as much, as having one's teeth filled, and most ladies say they do not mind it in the least, so anxious are they to have the beard removed.

Some of the hairs may return, but by careful observation it is estimated that not more than five per cent. really reappear if carefully re-

moved. New hairs may come that would in more or less time appear anyway, thus seeming to favor the idea advanced by some that electrolysis is uncertain.

On the contrary it is most certain and satisfactory if skilfully done.

From twenty to twenty-five hairs, sometimes less, sometimes more, are removed at each sitting of from half to three-quarters of an hour, depending upon their size and location.

It is a very delicate operation, exceedingly trying to the eyes of the operator, so the patient should sit in an easy position and a good light, face on the level with the eyes of the operator, both being comfortable in their positions.

No blood should be drawn as a rule, although at times a small capillary will be punctured. Minute scars or cicatrices scarcely perceptible necessarily follow. Sometimes a soothing ointment is ordered, but generally the little punctures heal readily and rapidly without any application.

One operator sometimes left the hairs in after using the needle, when, if they had been killed, they would fall out before the next operation. By passing the hand over the face the little elevations on the skin will indicate what hairs have been operated upon. These exudations will disappear in a short time, generally leaving no trace except the very slight cicatrices before alluded to.

Objection has been made to the method that it acted injuriously upon the facial nerves.

Whilst there may have been a very few cases where such a result seemed to follow electrolysis, the mass of testimony is against any such tendency. It has also been proven that as the blemish disappeared the general health of the patient improved; her spirits, before so much depressed, became buoyant, and other troubles, if present, yielded more readily to appropriate treatment.

The operation may be repeated every day, or even twice a day, if time be of importance; but every other day is preferable, the number of sittings depending upon the amount of work to be done. Half hour sittings are, as a rule, long enough, as one's eyes get very tired even in that short time.

It all seems very simple and easy, but it requires a great deal of care, skill and patience. One may insert the needle and whip out the hairs very rapidly at first, only to find that they were merely pulled out, and not electrolyzed at all. Again, too strong a current may be used, and wheals, ulceration and quite a cicatrix result. This is very likely to follow attempting to remove all or most of the hairs in a mole, or of operating upon hairs too close together at one sitting, even if the current be of the proper strength.—*Dr. William H. Walling in Medical World.*

**THE CANADA MEDICAL RECORD,**

PUBLISHED MONTHLY.

*Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.***EDITORS :****A. LAPTORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S., London**  
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MONTREAL, APRIL, 1889.

**CORNS AND BUNIONS.**

Although the disease called "corns" is one of the oldest specialties, it has not hitherto attracted to its ranks any surgeons of the higher order. We cannot find any satisfactory reason for this, for a man with an inflamed corn on his toe is quite as great a sufferer as another with wax in his ear. Perhaps it is because the patient can generally diagnose a corn himself, while wax in his ear is about the last thing a deaf man thinks of. Perhaps if bunions were grouped with the specialty of corns, and formed into a sub-specialty of orthopedics under the title of pediologists, their study might be placed on a higher footing.

Our present object is to call attention to the fact that both these diseases are altogether preventable, simply by wearing proper shoes. A shoe that is too short will throw the great toe outwards, sometimes as much as forty-five degrees from the straight line, thus exposing the delicate meta-carpophalangeal articulation to all kinds of violence, the result being a chronic inflammation of the joint and an effort of nature to protect the latter by exuding a fibrous deposit. Although the sufferer from bunions may be relieved by the application of lotions, the only cure lies in the undoing of the harm which has been done; that is, to insert a packet of cotton between it and the next toe, and gradually press it back to the straight line again.

**THE ABUSE OF ANTIPYRETICS.**

At a recent meeting of the Medical Society of Montreal, Dr. Alloway stated his conviction that in cases of rise of temperature due to septic absorption it was a fatal error to employ antipyretics (instead of antiseptics) and he thought this error had cost society many valuable lives, and much after-suffering in those whom it did not kill. We desire to call the attention of our readers to this point as we heartily concur in the above opinion. The rise of temperature is the warning note which tells us that pus is accumulating and that poison is being absorbed, or that zymotic germs have set the whole blood fermenting. To lower the temperature by a degree or two by the aid of antipyretics, without removing the cause, is simply blinding ourselves to the real condition of affairs. To us it seems very doubtful whether high temperature alone is really the cause of death in those cases in which death has been attributed to it. We remember a case of a nurse in the East London Childrens' Hospital during our term of residence there who felt perfectly well and did her work with a temperature of one hundred and ten degrees which lasted a month or longer, the figures being stamped as authentic by the Committee of the Clinical Society which was appointed to investigate this freak of nature. There are many other cases on record of what is generally considered a fatally high temperature being without any serious consequences. But even one case, if authentic, would be enough to prove that a high temperature alone is not fatal. In the case of the girl referred to there was simply an hysterical vaso-motor disturbance allowing increased combustion, but there was no poison in the blood causing paralysis of the vaso-motor nerves. If we could come to adopt the view of removing the cause, when removable, as pelvic abscess, retained placental debris, etc., instead of treating the fever which is merely an effect, we believe that many valuable lives might every year be saved.



## TREATMENT OF TYPHOID FEVER.

With so many specialties being developed, one of the few remaining diseases of importance left to the family physician to treat is typhoid fever. As the disease is due to the planting of vegetable spas in the small intestine near the ileo cæcal valve, it is quite impossible by any means yet known to cut the disease short until these plants have run the natural course of their existence, which occupies about three weeks from the time the patient takes to the bed.

The treatment which we recommend may be summed up, in the words of Cullen: "Obviate the tendency to death." Let us inquire then to what accidents death may be due.

1. Hemorrhage of the bowels.
2. Perforation of the intestines.
3. Failure of the heart's action.
4. Pulmonary or bronchial complications.
5. Hyperpyrexia.

For the first complication Dr. C. G. Comegys, of Cincinnati, says (*Pacif. Med. Jour., March*) that he knows of nothing superior to the use of castor oil in small doses every half hour, till the oil appears in the passages. To this may be added to cold applications to the abdomen.

Since the importance of a strictly milk diet has been understood, deaths from perforation are becoming rare. Too much stress cannot be laid on the rule of giving no solid food. In order to impress this regulation upon the patient and all the numerous friends from whom it is our duty to save him, we have been in the habit of hanging up at the head and foot of the bed a card inscribed as follows:—

.....	.....
NO FRUIT.	NO VEGETABLES.
NO SOLID FOOD.	
ONLY MILK AND WATER!	
NO BREAD.	NO MEAT.
.....	.....

As we have had five deaths in nearly one hundred and fifty cases, and four of them were directly traced to the breaking of this rule, we speak feelingly on the subject. On the above card beef tea is not mentioned. The omission is intentional. A hospital nurse once called our attention to the fact that the temperature nearly always goes up one degree if beef tea enters the diet list, and, with few exceptions, we have found the observation correct.

As failure of the heart's action is probably one of the commonest causes of death, and as we possess in digitalis the most powerful of cardiac tonics, we consider the drug to be of the greatest value, during the third week especially, and sometimes after defervescence has set in. Alcohol is also nearly always useful, if properly handled; that is to say, if it is given in small but often repeated and gradually increasing doses.

The pulmonary complications, bronchitis and hypostatic congestion at the bases of the lungs at the back, may be diminished by attention to the position of the patient, taking care to have the patient frequently turned over on to the sides and face, instead of leaving him for days motionless on the back.

We have placed hyperpyrexia as the last among the causes of death because, in our opinion, temperature which is fatal *per se* is rarely reached. It must be admitted, however, that typhoid patients appear better and more comfortable when the temperature can be kept down. The way to do this, which seems most grateful to the patient, is to sponge him by sections, under the clothing, with some evaporating liquid, such as whiskey and water, or even soap and water, and allowing the moisture to evaporate instead of drying it off. Another means is to allow the patient to drink an unlimited quantity of iced milk and water. The temperature of the total mass of the body is lowered by just so much as it takes to heat so many quarts of liquid at 32 de-

grees up to 103. It should be remembered, however, that this does not diminish the combustion but merely abstracts the heat. In the foregoing remarks we must be understood not as having attempted to write a treatise on the treatment of typhoid, which would be out of place in these columns, but merely to have thrown out a few practical observations which might prove of use to the family physician.

### OBITUARY.

DR. R. PALMER HOWARD.

It is with a sense of almost irreparable loss that we chronicle the death of Dr. R. P. Howard, Dean of the Medical Faculty of McGill University, which occurred on the 28th March, after a short illness from pneumonia. The crisis of the illness was reached on the ninth day when instead of a rally, heart failure intervened, and he gradually sank. From the beginning of his sickness Doctors Ruttan, Roddick, Findlay, Sutherland, and Osler, in addition to the attending physicians, Drs. Ross, MacCallum, and Craik, took their turn at his bedside night and day. In conversation with one of his *conféres*, Dr. Howard stated that he fully realized the seriousness of his sickness and feared that he would not recover. He thanked them all for their attention, hoping that he had not trespassed too much on their kindness. At no time, he said, did he suffer any physical discomfort, only extreme mental anxiety as to whether when the crisis came he would rally. In fact, Dr. Howard appeared to understand his case better than those attending him. He was perfectly conscious till within a few hours before his death, and bore his sickness with wonderful patience and fortitude. The news of his death will be received with profound sorrow by hundreds of McGill College men throughout the Dominion. He had a long and honourable career. He was born in Montreal on the 12th of January, 1823. His father carried on business here as a merchant, having settled in the city some years before on his arrival from Ireland, of which country both he and his wife were natives. Having a desire to follow the medical profession Robert on leaving school entered McGill College, pursuing his studies later on in the medical schools of Great Britain and France. Returning in 1849, he practised as a general practitioner for over 30 years, until in 1880 he gave up entirely the practice of surgery. He first appeared as a teacher in 1853, when he was appointed demonstrator of anatomy in McGill College. He

subsequently filled the chair of clinical medicine and medical jurisprudence. On the death of Dr. Holmes in 1860 he succeeded that gentleman as professor of the theory and practice of medicine, a position which he occupied till the day of his death, and on the death of Dr. Geo. W. Campbell in 1882 he was elected Dean of the Medical Faculty. Three years ago the honorary degree of LL.D. was conferred upon him in recognition of his services in the University. During his career Dr. Howard has figured prominently as an office bearer in the leading medical societies. He was at one time president of the Canada Medical Association, president of the College of Physicians and Surgeons of Quebec, president of the Medico-Chirurgical Society of Montreal, and at the time of his death was one of the vice-presidents of the Association of American Physicians. Two years ago he was elected Fellow of the College of Physicians of Philadelphia on the occasion of the celebration of their centennial anniversary. The Montreal General Hospital was the object of his special attention, he having been 22 years an attending physician, though for some years past one of the consulting staff, and 33 years secretary of that institution. As a member of the Board of Governors of the Medical Council of the Province of Quebec, Dr. Howard did his utmost to elevate the standard of medical education and requirements, and it was his earnest desire to have a general medical council established for the Dominion of Canada. As an author Dr. Howard contributed largely to medical literature during the past 30 years. His studies on pneumonia, phthisis, and on heart disease have made him a recognized authority in the profession. The work on Anæmia which he prepared for the International Medical Congress in 1876 was one of the important contributions to the subject. The most elaborate article on rheumatism and allied affections from his pen published in the "System of Medicine" by American authors, 1885, is perhaps the most exhaustive in the English language. The Canadian and American journals contain many lesser contributions from his pen. As a teacher, Dr. Howard has been eminently successful. To him are due many of the improvements of and advancements in medical education in Montreal, the endowments in the Medical Faculty of McGill College being one of the results of his energy and perseverance. One of the most, if not the most, prominent English representatives on the Medical Board of this Province, Dr. Howard was always in the front in the endeavours of the members to establish that body on a proper basis. As a practitioner Dr. Howard was well and favourably known, and had the distinction of being one of the leading consulting physicians in the Dominion.



## BOOK NOTICES.

**THE DIAGNOSIS AND TREATMENT OF HÆMORRHOIDS WITH GENERAL RULES AS TO THE EXAMINATION OF RECTAL DISEASES.** By Chas. B. Kelsey, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, New York. George S. Davis, Detroit, Mich., 1887. Price 25 and 50 cents.

**THE USE OF ELECTRICITY IN THE REMOVAL OF SUPERFLUOUS HAIR AND THE TREATMENT OF VARIOUS FACIAL BLEMISHES.** By George Henry Fox, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, &c. George S. Davis, Detroit, Mich., 1886. Price 25 and 50 cents.

**A SKETCH OF THE MANAGEMENT OF PREGNANCY, PARTURITION AND THE PUERPERAL STATE.** By Paul F. Mundé, M.D., Professor of Gynecology at the New York Polyclinic, and at Dartmouth College; Fellow of the American, British and German Gynecological Societies, etc. Second Edition. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

**THE MODERN TREATMENT OF DISEASES OF THE KIDNEY.** By Prof. Dujardin-Beaumetz, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine; Editor of the *Bulletin Général de Therapeutique*, Paris, France. Translated from the fifth French edition by E. P. Hurd, M.D., Newburyport, Mass. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

**CLINICAL LECTURES ON CERTAIN DISEASES OF THE NERVOUS SYSTEM.** By Prof. J. M. Charcot, Professor to the Faculty of Medicine, Paris, France, Physician to the Salpetriere, Member of the Institute and the Academy of Medicine, Honorary President of the Anatomical Society, etc. Translated by E. P. Hurd, M.D. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

**EXPLORATION OF THE CHEST IN HEALTH AND DISEASE.** By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post-Graduate Medical School and Hospital. D. Appleton & Co., New York, 1889. For sale by Wm. Foster Brown & Co., Montreal. Price \$1.50.

This is one of the handiest and most complete books for its size that we have seen on this subject. Every student and most practitioners should obtain a copy.

**SPINAL IRRITATION (Posterior Spinal Anæmia)** By William A. Hammond, M.D., Surgeon-General U.S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital, etc. George S. Davis, Detroit, Mich., 1886. Price 25 and 50 cents.

The author says: "Spinal Irritation is so common an affection, and the advantages to be derived from its proper treatment are so great, that I hope to be excused for presenting to the medical profession the results of my researches on the subject. The form in which they appear is such as to

admit of general circulation, and I am therefore not without the hope that they may prove of use to my brethren and to the patients under their charge."

**THE THEORY AND PRACTICE OF THE OPHTHALMOSCOPE.** By John Herbert Claiborne, Jr., M.D. Detroit, Mich.: Geo. S. Davis. 1888. (Physicians' Leisure Library.)

The employment of the ophthalmoscope in the practice of medicine, outside of its special application in diseases of the eye, has now been made so essential to the general practitioner that a knowledge of its principles and some familiarity in its application are required in order to satisfactorily practice medicine. To substitute the instruction of a competent teacher to overcome the difficulties that beset the beginner in endeavoring to obtain a knowledge of the ophthalmoscope and its use is certainly very often desirable, and any attempt in this direction is commendable. This small book, by Dr. Claiborne, seems to be well suited for the purpose for which it was written; his experience in teaching has given him an opportunity to learn the wants of beginners, and he has succeeded in writing a very useful book.

**INTERNATIONAL POCKET MEDICAL FORMULARY**, with an appendix containing Posological Table; Formulæ for Inhalations, Suppositories; Nasal Douches, Eye-Washes, and Gargles; Hypodermic Formulæ; Table of Hypodermic Medication; Use of Thermometer in Disease; Poisons and their Antidotes; Post-Mortem and Medicolegal Examinations; Artificial Respiration; Ligation of Arteries; Obstetrical Table; Urinalysis; Differential Diagnosis of Eruptive, Typhoid and Typhus Fevers; Tables of Pulse, Temperature, Respiration; Motor Points, etc. By C. Sumner Witherstine, M.S., M.D., Associate Editor "Annual of the Universal Medical Sciences." Philadelphia and London: F. A. Davis, Publisher. 1888. Price, \$2.00.

This little book, no larger than an ordinary visiting list, contains no less than 1,650 prescriptions recommended by leading specialists from many lands. These are so grouped and letter-indexed that the treatment for any disease can be found instantly. It is interleaved for new prescriptions, and has, besides, pithy articles on a whole host of subjects. In fact one must see it to realize how much information can be got into a work of so little bulk. It would be a god-send to the young practitioner, who has often to prescribe without having a chance to consult his authorities.

**THE MODERN TREATMENT OF DISEASES OF THE HEART.** A manual of Clinical Therapeutics. By Prof. Dujardin-Beaumetz, member of the Academy of Medicine, and of the Council of Hygiene, and Salubrity of the Seine, &c. Translated from the fourth French edition by E. P. Hurd, M.D., President of the Essex North District Medical Society, &c., &c. (The Physicians' Leisure Library Series.) Geo. S. Davis, Detroit, Michigan.

This little work on such an important subject, and written by so renowned an authority, cannot fail to prove of great interest to physicians. When the frequency of cardiac affections and the difficulties attending their treatment are considered, the utility of hand books of this kind is apparent. Although the primary lesion, the valvular altera-

tion, is itself incurable, it is in the power of the well-informed practitioner to do much to alleviate and remove the multiple morbid manifestations which result from the disturbance of the circulation, and it may truly be affirmed that in no class of chronic and essentially incurable diseases are the benefits of rational therapeutics more conspicuous. The author does not claim to have added much that is new to the established treatment of valvular affections, but has endeavored, concisely and plainly, to lay down rules and give directions which will enable the practitioner to administer the cardiac medicaments with the greatest chance of success and the least risk. Chapter I. is devoted to studying the treatment of Compensated Mitral Affections. Chapter II. goes deeply into the action of heart tonics e.g., digitalis, caffeine, strychnine, &c. Chapter III. takes up the treatment of dropsies due to diseases of the heart. Chapters four, five and six are equally interesting and instructive.

### PAMPHLETS RECEIVED.

A copy of any of these would probably be sent by their respective authors if requested to do so by any of our readers:—

Cases in Orthopaedic Surgery. By Ap Morgan Vance, M.D., Louisville, Ky., 1885.

Message of Gov. Robert L. Taylor to the Forty-Sixth General Assembly of the State of Tennessee.

Biennial Message of Richard J. Oglesby, Governor of Illinois, to the Thirty-Sixth General Assembly.

Pressure Forceps *versus* the Ligature and Suture in Vaginal Hysterectomy. By E. C. Dudley, M.D., Chicago, 1888.

Regulations of the Provincial Board of Health, for the direction of Local Boards of Health of the Province of Quebec.

A Defence of Electrolysis in Urethral Strictures, with documentary evidence. By Robert Newman, M.D., New York.

The Training of Nurses. By Hal C. Wyman, M.S., M.D., Professor of Surgery, Michigan College of Medicine and Surgery, Detroit.

Yellow Fever. Absolute Protection Secured by Scientific Quarantine. By Dr. Wolfred Nelson, 32 Nassau Street, New York, N.Y.

Osteotomy for Anterior Curves of the Leg. By De Forest Willard, M.D., Lecturer on Orthopaedic Surgery, University of Pennsylvania, etc.

Femoral Osteotomy for the Correction of Deformity resulting from Hip-joint Disease. By Ap Morgan Vance, M.D., Louisville, Ky., 1888.

The Comparative Merits of Tracheotomy and Intubation in the Treatment of Croup. By George W. Gay, M.D., Visiting Surgeon to the Boston City Hospital.

Note on Rumbold's Method of Treatment of Catarrhal Inflammations of the Upper Air Passages. By Ely McClellan, M.D., Surgeon United States Army.

A New Method of Treatment of Diseases of the Urethra, Bladder, Uterus and Rectum—Dry Medication, Dry Treatment. By Elmer Lee, M.D., of St. Louis, Mo.

On the Relation Between the General Practitioner and the Consultant or Specialist. By L. Duncan Bulkley, A.M., M.D., Physician to the New York Skin and Cancer Hospital, etc.

Success and Failure of Electrolysis in Urethral Strictures, especially Dr. Keyes' Method Reviewed. By Robert Newman, M.D., Surgeon to the North-Western Dispensary, New York.

Vaginal Hysterectomy; Report of Four Cases. By J. H. Etheridge, A.M., M.D. (Rush), Professor of Materia Medica, Rush Medical College; Gynecologist to the Presbyterian Hospital and to the Central Free Dispensary.

### PERSONAL.

We are glad to hear that the health of Dr. Richard MacDonnell has been all but completely restored, and that it is his intention to return to Canada early in May.

Dr. Duquet, of Longue Pointe Insane Asylum, accompanied by Dr. L'Esperance, left Montreal on the 5th of April for a six months sojourn in Europe. Dr. Duquet will pass some time at the Morningside Asylum, near Edinburgh.

It is reported that Dr. George Ross will be transferred to the Chair of Practice of Medicine in McGill College, rendered vacant by Dr. Howard's death, and that Dr. Richard MacDonnell will replace Dr. George Ross in Clinical Medicine. If such is the case, we think a mistake has been made in the removal of Dr. Ross.

Dr. Robert Craik has been elected Dean of McGill Faculty of Medicine in place of Dr. R. P. Howard, deceased. The appointment is an excellent one, the new Dean possessing qualities of head and heart which must make him very acceptable to his colleagues, while (as he was when entirely engaged in lecturing) he will surely be the students' friend. Dr. George Ross was elected Vice-Dean. This latter is a new office.

Dr. Clarence R. Gillard, C.M., M.D. M.R.C.S., Eng., L.S.A., London, has begun practice in Montreal, having rented the office of the late Dr. Kennedy. We understand that Dr. Gillard was for eleven years in the service of the British Government in Jamaica, but the climate proving too severe for his health he was compelled to move north. Having married a Canadian lady several years ago, he was naturally induced to choose Canada for his home. He is an M.D. of Bishops College, 1885.

LITTLE WORDS OF KINDNESS.—It affords us great pleasure to be enabled to present to our readers the valuable article of Dr. A. Laphorn Smith, of Montreal, on "Some Minute but Important Details in the Management of the Continuous Current in Gynecology," found in the current number. To Dr. Smith, more than to any other American Gynecologist, belongs the credit of having established upon a scientific and exact basis the use of the continuous current in gynecology in this country. He was an earnest student of Apostoli at Paris, and has given to us a faithful translation of his work. Dr. Smith read an interesting paper before the gynecological section of the Ninth International Congress which provoked considerable discussion and favorable comment, and also another before the Association of American Obstetricians and Gynecologists, at Washington, September, 1888.—Editor *Albany Medical Annals*, March, 1889.



# The Canada Medical Record

VOL. XVII.

MONTREAL, MAY, 1889.

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## Original Communications.

### PROGRESS OF GYNECOLOGY AND OBSTETRICS.

By A. LAPHORN SMITH, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal.

Since total extirpation, if performed sufficiently early, offers the best chances of recovery from cancer of the uterus it has become a very important matter to be able to diagnose this disease at the beginning. Dr. Henry C. Coe, in the *New York Med. Record*, Feb. 1889, gives the results of his experience at the New York Cancer Hospital. He found that more than a fifth of the women were under forty years of age, and that frequently when the disease is far advanced they still preserve the appearance of robust health. Pain was always a late symptom and often absent. Even hemorrhage and the foul watery discharge is not a reliable symptom, for they are often absent even when the ulceration is extensive. He considers bleeding as the most significant symptom, especially if it occurs at irregular intervals between the periods, or if it occurs in women after the climateric. Bleeding after coitus is always important and demands an examination even if no other symptom be present. He considers a profuse leucorrhœa in a woman who has passed the climateric as very suspicious of

cancer. But pain is not a reliable symptom for the reason that it is frequently absent in the early stage; although vague shooting pains in the pelvis in women previously free from them would point in this direction. The cervix is usually found lacerated, large, thickened and having peculiar nodules along the edges of the everted lips. Firm pressure is not painful but may cause slight hemorrhage. No odor is noticed on withdrawing the finger. The uterus is enlarged but moveable. There is no evidence of perimetritis. Through the speculum the cervix may present the ordinary appearance seen in erosion from which it can only be positively diagnosed by microscopical examination. A sharp line of demarcation between the healthy and diseased areas is a suspicious fact, as is also a general hardness of the cervix in connection with erosion. The cancerous deposits appear as glistening yellow nodules elevated above the level of the healthy tissues.

In the London *Lancet*, American edition, page 272, Dr. Moore Madden reports a case of extirpation of the uterus during pregnancy for sub-peritoneal fibroids which was followed by peritonitis and death on the fourth day. The cervical stump was thoroughly included in a peritoneal covering which was dissected out and stitched over it. The abdominal cavity was washed

out with warm water and the ligatures brought out through a drainage tube inserted in the lower angle of the wound. The operation was somewhat prolonged. It is noteworthy that two grains of opium were given immediately after the operation and one grain every third hour afterwards. It does not seem from this that Dr. Madden has the same holy horror of opium after abdominal operations as is felt by Tait and the modern school of laparotomists.

Dr. Trenholme of Montreal (CAN. MED. REC.) recently reported a case of removal of the uterus for sub-peritoneal fibroid in which the patient has made a rapid and uninterrupted recovery. To control hemorrhage he passed the hempen snare of an ecraseur around the uterus near the cervix which was gradually tightened when any sign of hemorrhage appeared. The operation only required about twenty minutes for its performance and the stump was stitched to the lower angle of the incision. Opium was sedulously avoided.

Mr. Lawson Tait at a recent meeting of the British Gynecological Society reported having operated on a lady for fibroid tumor with the result that she died of collapse a few hours afterwards. He upbraided Sir Spencer Wells for not having operated on her when he saw her ten years previously when Sir Spencer decided that it was in her interests to let her alone. The editor of one of the English journals says that Sir Spencer knew what he was about when he declined to operate an inoperable case of fibroid. In my opinion the only cases of fibroid that one is justified in removing by operating are sub-peritoneal ones which are freely moveable in the abdomen. These are precisely the ones which are least amenable to electrical treatment, and it must be admitted that when the operation is performed as in the case of Dr. Trenholme there is very little risk about it.

In this connection I may refer to a case mentioned by Dr. McMurtry (*Jour. Amer. Med. Assoc.*, April 20, 1889) in which the

operator was Bantock. After opening the peritoneal cavity with proper precautions (cleanliness but no germicides) the operator introduced two fingers and thoroughly explored the pelvis. The tumor was an uterine fibroid and was found to have extensive attachments to the sides of the pelvis and pelvic viscera. He decided that it was impracticable to remove it and the incision was at once closed. How much better to take this course than to have the patient die on the table or a few hours later from hemorrhage or collapse. This case could be handed over to a conservative gynecologist to treat by the harmless but effective continuous current. For in small interstitial or intramural fibroids Apostoli's treatment never fails.

As I am at present preparing a paper for the Newport meeting of the A. M. Association giving the result of the electrical treatment of fibroids in my hands, I will merely state at present that in every case without exception the hemorrhage has been stopped; in all but one dysmenorrhœa has been almost or entirely relieved, and in all but one the tumor has been appreciably diminished in size, while there have been no deaths whatever and no accidents of any kind worth mentioning.

Dr. Joseph Price, of Philadelphia, in a recent paper strongly advocated abdominal section for pelvic abscesses with drainage through abdominal incision, thus differing from Martin, of Berlin, who in order to obtain the aid of gravity prefers to drain through the vagina. So important does Martin think this that he sometimes performs abdominal section only to aid him in reaching the abscess cavity through the vaginal roof. Dr. Price advocated the immediate removal of pus tubes and ovaries as soon as discovered. In the discussion Dr. Howard Kelly said that the natural history of this disease is one of attacks of recurring localized peritonitis, and that during the attacks they are exceedingly prostrated and the danger of operating in-



creased. "I know of no other cases" he said "which are so amenable to treatment and improve so much. With rest and the use of hot water we will after a few days or a week or two find the great mass of inflammatory deposit gone and are then able to make out the outlines of the diseased uterus and tubes which we now find moveable and we can proceed to operate under more favorable circumstances."

There is no doubt, however, that operative interference has been overdone by some gynecologists of the last few years. I agree with Dr. Horatio R. Bigelow when he says in his address before the Ninth International Congress, that vastly more appendages are removed than pathological changes require. At a late meeting of the Medical Society I stated that the Fallopian tubes could in many cases be entered by the sound, and in support of my statement I quoted Dr. Wallace of Liverpool. Dr. Kelly of Philadelphia has advocated the catheterization of the tubes for the treatment of pyosalpinx. This treatment may yet be the means of avoiding a serious and dangerous operation. That the removal of the ovaries and tubes for pain only is no longer justifiable is now pretty generally admitted. For the pain can be removed by other means and the removal of the appendages does not always cure the pain. I have at present under treatment three patients from whom the ovaries had been removed for pain; that this pain was neuralgic was proved by the fact that after having risked their lives and spent several weeks or months in hospital they were discharged unrelieved. In two of them a few applications of fine wire faradism completely cured their most distressing symptoms; in the other a course of phosphate of iron and strychnine has given permanent relief. But apart from these cases I have had a considerable number who had been urged to have their ovaries removed for relief of pain and who have also been cured by the treatment I have mentioned. I be-

lieve that not only the ovaries but the broad ligaments are frequently the seat of varicocele the result either of relaxation of the walls of the veins or to some impediment to the return of the blood higher up. Young men suffer often from the same symptoms and can be promptly cured by rest and a tonic treatment. Supposing that these young men consulted Dr. Mary Brown, an ambitious female doctor who was anxious to get up a reputation as an operative surgeon, she would no doubt urge the young men to have the testicles removed, pleading that the testicles would only be a source of trouble and expense to them as long as they lived. The latter argument might be quite true, but would the young men consent? I doubt it. But the fact is that in order to get up a reputation as a gynecologist it seems necessary to cut open some one for something, or as Tait puts it, they say "Here's something; let's have an operation." Mr. Tait recently said that the ovaries have no more to do with sexual feeling than the front teeth. This I think is not correct. I have inquired from a great many women as to the effect of castration on them and they have all told me that the removal has completely changed the tenor of their lives. They are not able to exactly define the alteration in feeling but they feel as though they were different from other people and that other people are shunning them. Others say that they no longer care to mix in society but only wish to get away by themselves. One in particular told me frankly that before the removal of the ovaries "she was never happy unless she had some men around her, but that since then she did not want to see the sight of one." Apropos of the effect of gynecological operations on the mind Dr. T. Gaillard Thomas, of New York, read a paper on "Acute Mania and Melancholia or Hypochondriasis as Sequelæ of Gynecological Operations." He reported six of his own cases and referred to twenty-two others in which this accident happened. From

the discussion it appeared that these cases were more numerous than Dr. Thomas had supposed, as comparatively few of them had been reported. Dr. Polk said he preferred not to operate on women who beforehand showed any abnormal mental action as he had had the misfortune to attend three of these unfortunate people who had developed maniacal symptoms after being operated upon, all of whom died. I may add one to the list, a woman who had shown symptoms of mental derangement which was aggravated at every menstrual period and which I thought might in some way be due to the ovaries. After their removal, however, the mental condition became rapidly worse until she died about a month afterwards.

Dr. Joseph Price, physician in charge of the Preston Retreat, recently reported to the Philadelphia Obstetrical Society the summary of last year's work. There were 184 deliveries with no maternal deaths. Of these, 13 were forceps cases. Labor was induced in 2 cases. He took occasion to state that during the last five years there had been 540 women delivered without a single mother's death.

"The routine treatment of patients is as follows: The patient, on entering the house, is given a hot soap bath, dressed in clean underclothing, and given a clean bed in the waiting ward. If necessary, a laxative is given, and the bowels kept soluble during her waiting period. Thereafter, until her confinement, she is obliged to take at least two hot soap baths per week, and to wear clean clothes. She is allowed to do such light work about the house as the physician may deem advisable, and is encouraged to take as much open-air exercise as circumstances will permit. When ready for the delivery room, the patient is again given a hot soap bath and an enema, and a vaginal injection of 1 to 2000 bichloride of mercury solution. She is clothed in clean night-robe and drawers, and placed upon a new, clean delivery-bed. Scrupulous cleanliness

is observed in all manipulations of the patient, and after delivery a second vaginal injection is given, and a vaginal suppository of idioform is introduced. The patient's person is carefully cleaned, all soiled clothing is removed, the binder applied, a clean set of night-clothes put on, and the patient placed in a new clean bed in the ward."

## OUR LONDON LETTER.

*(From our own Correspondent.)*

DEAR EDITORS,—

Since my last letter there are several items of interest to chronicle. I shall begin with the question of medical discipline for the punishment of offences against professional etiquette. To the existence of these the medical profession has lately been devoting a great deal of attention, and, I might add, none too soon. But, in order to more clearly explain the situation, I must premise by saying what your readers probably already know, for I see that you have frequently noticed it in your editorial columns, the profession here is terribly crowded, so that for the rank and file the struggle for existence during the last five years has been growing keener and keener. At first the grand army of unemployed medical men, many of whom had little hope of ever obtaining a practice, secretly resorted to all kinds of petty dodges, not to make a fortune, but to earn the bare necessities of life. As the supply became far greater than the demand, the selling price of the article rapidly fell, until now the professional visit of a highly educated physician is valued at an average of a shilling, and even that average is declining. Not only is the remuneration for services rendered becoming smaller, owing to competition among the crowds of new medical men which the licensing bodies are yearly launching on the profession, but the sources of even their small revenue is becoming narrowed by the unfair competition of the too numerous hospitals, to which flock



thousands of people who could well afford to pay half a crown for advice and medicine. The wealthy consult the hospital staff at their offices; the middle class consult them at the hospital, while the very poor, who have a horror of the hospital, go to the ordinary general practitioner, but pay him little or nothing. He cannot get big fees, and he cannot live on nothing, so he is forced to take what little ones he can get. Your readers may be surprised to learn that ten and six, or about two dollars and a half, is considered a fair fee for a confinement among the working people.

Lately a movement is being made among hospital authorities to compete with the general practitioner for the workingman's practice, by issuing tickets to the latter good for one week's hospital treatment and medicine for the sum of all the way from a penny to a shilling. Dear knows how it will end.

A bill has been prepared authorizing all licensing bodies to examine into the professional conduct of any of their licentates, and in cases of serious breaches of professional etiquette to suspend their license for a longer or shorter period, according to the offence. This method has been adopted by the Board of Trade for maintaining efficiency among masters and mates of vessels, among whom any dereliction of duty is followed by the suspension of their certificate for a month or for several years.

It has long been the reproach of London, as a centre of medical education, that while the amount of clinical material was enormous, the arrangements for making use of it were so bad that graduates for the country or the colonies could do better elsewhere in the same amount of time. Everything was going on in two dozen different hospitals at the same hour, and generally on the same days, about 2 till 4, while all the morning, from 8 till 2, and all the evening, from 4 till 6, was lost. In Berlin, the teaching being under the control of the Central Government, it was so arranged as

to best suit the time of the student. There, for instance, the just graduated can rise at 6 every morning and put in every hour of the day until 10 at night to advantage, the different lectures and demonstrations coming on one after the other, just allowing time between for the walk from one hospital to the next. But here, each hospital running on its own hook, no regard whatever was had for the convenience of the student. Latterly the defect has been remedied, a polyclinic having been organized after the model of the New York and Philadelphia institutions, so that many of the foreign students who have been flocking to Berlin and Vienna will find it to their advantage to remain in London.

As armed burglars here are now (when caught) being punished with the lash, some scrupulous surgeon writes as follows in the *Hospital Gazette*, 20th April:—

Recent advances in the science of bacteriology impose upon us the duty of calling the attention of the authorities to the necessity for keeping their punitive weapons in an aseptic condition. If a lash which is still reeking with the decomposing blood of a previous criminal, be applied to the (soon to be broken) skin of the culprit, erysipelas, tetanus, and a variety of complications, not contemplated by the law, await the victim of public resentment. We would suggest that all whips and other instruments of judicial torture be kept in a harmless antiseptic solution, and taken out only when required for use. If exception be taken to this precaution as an unnecessary refinement we would suggest that the first few burglars condemned to the lash might be experimented on with a "cat"-steeped in cultivations of the *charbon* bacillus, or that of erysipelas, and the result reported to the House.

Sir Henry Thompson is at work as hard as ever on his pet theme. He has just received from Sir James Naesmyth the sum of £500 as a contribution to the funds of the Cremation Society, which seeks, on the

grounds of public utility, to promote this reform of our method of burial.

In this connection we may notice that the remains of the fourth Marquis of Ely were cremated at the crematorium of the Cremation Society, St. John's, Woking, on Saturday last. The marquis had specially provided in his will that his remains should be disposed of in this way. He died at Nice on the 3rd April. The crematorium at Milan not being readily available, the body was brought to England. A funeral service was held in Christ Church, Woking. The ashes, after the remains had been cremated, were placed in a Doulton jar and enclosed in an oaken casket.

The operation of trephining for traumatic epilepsy has been followed by some brilliant results, and there can be no question as to the justifiable nature of the procedure. The knowledge of the topography of the brain, which has been brought within the reach of practical surgeons by the valuable researches of Ferrier and others, has made it a comparatively easy matter to localize the exact seat of lesion in some, at least, of the cases of traumatic epilepsy. The patient, conscious of the coming nerve storm, is often able to refer the onset to a certain part of a limb. This affords a valuable clue to the situation of the spot in the brain the nutrition of which is at fault. The consideration of these cases is always most interesting, and surgeons may well be proud of the success which has followed so important a procedure. M. Péan, of the St. Louis Hospital, in Paris, has just recorded an interesting case of epilepsy cured by the application of the trephine. The patient was suffering from slight epileptic seizures, the right side being mainly affected, and the lower limb more than the upper. During the intervals between the attacks, there was some paresis of the right leg. The diagnosis was made of a cerebral tumor, and its localization determined. The trephine was applied, and a fibro-lipoma was found attached to the pia mater. The growth was

removed forthwith, but for some days after the operation the convulsive fits continued. Subsequently, however, they entirely ceased, and the patient became quite convalescent.

Sir Andrew Clark has been re-elected President of the Royal College of Physicians.

Dr. C. Z. B. Williams died recently. He has been known throughout the world during the last quarter of a century as a great authority in diseases of the chest.

But I fear my letter is becoming unduly long, so I will close.

Yours truly,  
TYRO.

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## Society Proceedings.

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### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, April 19th, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Lafleur exhibited a specimen of cirrhotic liver and fatty heart from a case of gangrene succeeding operating. As the patient had complained of angina pectoris the heart was carefully examined and the left coronary artery was found to be completely closed owing to atheromatous disease. Although the right coronary was open and there were anastomoses with the left, still the left ventricle was in a state of marked fatty degeneration, showing that it was badly nourished. The right ventricle was also flabby and dilated. The lungs were cedematous and the spleen was enlarged.

Dr. Bell gave a short sketch of the patient's clinical history. He was a man of 62 years of age and had always been a large consumer of alcohol. While employed in the C.P.R. Railway he sustained a compound fracture of his leg, which was followed by gangrene, necessitating amputation below the knee. He recovered from this without other mishap than a slight sloughing of the flap. Three weeks after the operation he showed some symptoms of angina pectoris, from which, however, he recovered, and he left the hospital and remained well for two months, at the end of which time he returned with sloughing of three inches of the stump. The femoral artery was found to be blocked. It was while lying in bed that he was seized with anginal pains, which lasted twenty-four hours.

Dr. George Ross pointed out that the attack had come on while he was lying quietly in bed,



contrary to the rule, as the pain generally follows some heavy exertion.

Dr. F. W. Campbell remembered that the first *post mortem* he had ever made was on a case of angina pectoris. The patient was a whitewasher, and as long as he moved his brush horizontally he was free from the pain, but if ever he attempted to move his brush vertically an attack was sure to come on. He thought that the majority of cases were due to atheroma. He wished to ask whether the disease was common in the experience of clinicians present, as he thought that it was a disease which was frequently overlooked.

Dr. Ross replied that the disease was more common than was generally supposed. Patients were frequently treated for dyspepsia and other diseases, when in reality they were suffering from cardiac affection.

Dr. Cousins, of Ottawa, being introduced as a visitor, by the President, said that he had had four cases of angina pectoris, one of them had been treated for seven years before his death for dyspepsia. Another case was that of the principal of one of the public schools, who was suddenly taken with the most terrible pain he had ever seen, and which nitrite of amyl and hypodermic of morphia and atropine failed to relieve. Dr. Cousins was then compelled to resort to chloroform, which he administered with considerable trepidation, but with the result of affording immediate relief. The patient had another attack next day, which was speedily relieved by the same anaesthetic. Dr. Cousins wished to know whether it was considered safe to use chloroform in such cases?

Dr. F. W. Campbell said that he had heard that if the patient could be induced to draw one full breath that he would experience immediate relief.

Dr. Stewart said that Dr. Balfour, of Edinburgh, held the view, which was not, however, generally accepted by the profession, that chloroform was a cardiac tonic and, therefore, suitable in such cases.

Dr. George Ross stated that, as a rule, nitrite of amyl afforded relief with marvellous rapidity, although in some cases it failed entirely.

Dr. Shepherd, referring to a statement by Dr. Lafleur that it was rare to find a clot in the left ventricle, as in this case, stated that he had several times in the dissecting room seen not only a clot in the left ventricle, but the whole arterial system filled with clot.

Dr. Lafleur then exhibited a specimen of primary cancer of the liver with secondary deposits at the base of the brain, in the cervical glands and slightly in the spleen. It was of the soft encephaloid variety, causing large nodules all over the liver, the centre of which nodules had softened and broken down. Drs. Wilkins and Blackader had treated this man for trifacial neuralgia of the right side. It was difficult to

assign a cause for this before death, but at the *post mortem* it was easily explained by the cancerous deposit at the roots of the trifacial nerve.

Drs. Hutchison and Bell wanted to know what reason Dr. Lafleur had for saying that it was primarily in the liver rather than in the brain or of the whole system?

Dr. Finley inquired whether there was any anaesthesia?

Dr. Lafleur replied that there had not been any anaesthesia.

Dr. Finley exhibited a lung which appeared to have been the seat of a large abscess cavity which was in connection with the subdiaphragmatic space. He was unable to say whether it was an abscess of the lung which had broken through the diaphragm, or a subdiaphragmatic abscess which had made its way through the diaphragm and lung in order to escape through the bronchial tubes, or whether it was an empyema which had pointed in both directions.

Dr. Stewart related the history of the case, which was characterized by fever, expectoration of pus, and hemoptysis.

Dr. George Ross dwelt especially on the fact that there was spitting of blood which, he said, was not usual in empyema. He thought that the blood came from the opening of blood vessels in the course of the ulcerative process by which the pus made its way to the exterior.

Dr. Wilkins related a similar case which had come under his observation, and which he had diagnosed as subdiaphragmatic abscess. In this case the pus had eaten its way through the lung into the bronchus. He had called Dr. Shepherd in to open this abscess, and the latter had removed one hundred and twenty ounces of pus.

Dr. Shepherd said that in the case referred to by Dr. Wilkins the liver was pushed down beyond reach by the pus.

Dr. Roddick suggested the possibility of cancer of the lung just shown to the society.

Dr. Armstrong could not make out why a subdiaphragmatic abscess should burrow upwards, contrary to the laws of gravity; he had often seen them burrow downwards.

Dr. Shepherd stated that the usual place for empyema to point was just below the nipple, because there was less resistance there in the way of muscle.

Dr. Finley showed a specimen of purulent pericarditis or pyocarditis.

Dr. Shepherd said that the patient was admitted moribund with symptoms of empyema pressing on the heart. He removed a large quantity of pus from the left pleura, and would have also removed the fluid from the pericardium had the man not been in *articulo mortis*.

Dr. Finley also showed a fine specimen of of trichinosis of the larynx, which he had accidentally discovered in a patient who had died of uraemic convulsions. The trichinae could

be seen encysted all over the root of the tongue.

Dr. Campbell asked whether the condition had been suspected from a knowledge of the previous history, as many years ago there had been an outbreak of trichinosis in Montreal, and it would have been interesting to know whether this had been one of the patients who had recovered from the disease.

He also showed the stomach of a woman who had died of haematemesis, caused by ulceration of the stomach. She was a dissipated drunkard, and had evidently suffered from ulceration of the stomach before, as there were cicatrices of old ulcers to be seen.

Owing to the lateness of the hour Dr. Armstrong's paper on intubation was held over till next meeting.

*Stated Meeting, May 3rd, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. N. C. McGannon, of Brockville, was elected a member.

Dr. Williams, a newly-elected member, was introduced to the Society, as was also Dr. Wales of Sawyerville.

The President showed an ovarian tumor which he had removed that day. It was composed of several cysts, one of which was dermoid containing hair and teeth, and the others contained papillomatous growth. The patient had been tapped several times before coming under his care, and there were in consequence parietal adhesions at the site of the punctures. The trocar had also passed through the papillomatous growths. There was a curious cyst as large as a turkey's egg, hanging by a slender pedicle from the main tumor. Dr. Gardner stated that this case illustrated the dangers of tapping abdominal tumors. First there was the danger of hemorrhage in case that the trocar passes through a soft and vascular growth. Second, there were the inevitable adhesions which were sure to render operative interference more difficult. And lastly the growth might happen to be a papilloma, in which case a few of the papillomatous cells might escape onto the peritoneum and rapidly infect the whole abdominal cavity, a very serious calamity.

Dr. Laphorn Smith inquired as to the prognosis of the case, his reason for doing so being that he had seen Olshausen, of Berlin, open a woman, but on finding that she had papilloma of the peritoneum resulting from the bursting of a papilloma of the ovary he declined to proceed with the operation and merely removed the liquid, saying that the prognosis was as bad as it could be.

Dr. Hingston said that he had had one such case, and although he had been advised by a distinguished operator who was present to scrape off the papillomatous buds from the peritoneum, he decided not to do so, and the patient lived

in comparative comfort for some eight years by the aid of occasional tappings. At the end of that time a bolder operator undertook to do what he had feared to attempt and the patient died under it.

Dr. Gardner said that as the pedicle was very favorable and as there was no evidence that the peritoneum had been infected in this case, the prognosis he thought was favorable.

Dr. Hingston exhibited an enormous fibroid polypus of the naso-pharynx five inches long by three broad, and weighing five ounces. He pointed out that there were three different ways of proceeding in such cases: First, making an incision along the base of the nose and turning up the flap; second, separating the hard and soft palate; and third, removing the superior maxilla. He had intended to operate by one of these methods when a visiting surgeon told him that Gross had succeeded in detaching these tumors by means of the fingers without any cutting. He therefore dilated the nostril by means of his little finger and then introduced one index into the nostril and the other into the mouth, and after an hour and a half's hard work, during which the patient lost a great deal of blood, he succeeded in detaching it. As patients undergoing this operation do not bear an anæsthetic well he did not employ any in this case. He at first coaxed the patient to bear the pain and when coaxing failed he frightened him into bearing it. On a former occasion he had operated while the patient was standing on his head so as to keep the blood out of his larynx, but in this case he had sat on a chair.

Dr. Major said that this was by far the largest polypus he had ever seen, although he had seen the specimen of Dr. Lincoln of New York. He himself had had one case as large as a hen's egg. He attempted to do the operation under anæsthesia, but it was so badly borne that he had to complete it without any. He used his fingers as Dr. Hingston had described. Fibroids of the pharynx are very rare although fibroid mixomas are quite common.

Dr. Finley showed the kidneys in a state of acute parenchymatous nephritis taken from a patient who had poisoned herself with carbolic acid.

Dr. Armstrong then read a paper on intubation versus tracheotomy. After a few introductory remarks he said that the insertion of a tube through the mouth into the larynx for the relief of laryngeal stenosis is a new operation. Dr. O'Dwyer began his experiments in 1880, but the results were only given to the profession in a paper which appeared in 1885. Dusault in 1801 catheterized the trachea, and Bouchet of Paris in 1858 first intubated the larynx for obstruction and proposed the operation as a substitute for tracheotomy. His proposal was adversely reported upon by a committee of which the great Trousseau was chairman. He alluded



to the fact that although the mucus membrane of the larynx and trachea is continuous with that of the pharynx the epithelium changes. In the pharynx and on the upper half of the epiglottis and posterior wall of larynx, as low down as the vocal cords, squamous epithelium is found, and the diphtheritic membrane is infiltrated into the mucus membrane. But in the larynx and trachea the epithelium is of the columnar variety, and the pseudo membrane does not infiltrate it but simply lies upon it. This fact might be of importance in discussing the vexed question of the unity or plurality of membranous croup and diphtheretic laryngites.

Dr. Armstrong said he had used the intubation tubes in ten cases—all children—and in all but one pseudo-membrane had been seen in some part of the pharynx—before, at the time of the operation or after. The symptoms in all were those of acute suffocation from laryngeal stenosis, restlessness, the typical respiratory and expiratory stridor, marked depression at the epigastrium, livid countenance and blue lips, rapid and feeble pulse. In all if not relieved at once death, in his opinion, must have ensued. The insertion of the tube gave as great ease as would have followed tracheotomy—the patients becoming quiet and easy. In one case membrane was pushed ahead of the tube, but on the tube being removed and re-inserted the passage was clear. In one case the tube required removal on account of becoming filled with pseudo-membrane. Four or 40 per cent. of the cases recovered. In two of the successful cases the tube was coughed up on the third day, and in two it was removed respectively on the fourth and fifth days. The advantages claimed for this operation are 1st, no anesthetic required; 2nd, has less of the horrors of an operation, and the consent of patients is more easily obtained than for tracheotomy; 3rd, the subsequent attendance is less irksome, all the cases were in the houses of the poor, the mother doing the nursing and the housework, assisted in the former by some kind neighbor; 4th, the mucus does not dry in the tube and diminish its capacity, as in tracheotomy—the air enters by the nose and is warmed and filtered by return, and thus less chance of bronchitis and pneumonia; 5th, the tube need only be left in four or five days, and there is on its removal no gaping wound to fill; 6th, intubation does not require a skilled assistant, no small matter in the country, and even in cities where help cannot always be had at short notice; 7th, it does not interfere with the subsequent performance of tracheotomy, if thought best; 8th, and lastly, Dr. Armstrong believed the percentage of recoveries is greater in intubation than after tracheotomy. He had operated for tracheotomy 20 times with 4 recoveries. In ten intubations four recovered. He then went into the ques-

tion of statistics as regards the two operations, and thus notes the objections:

1st. A piece of membrane may be pushed ahead of the tube, thus blocking its lower end and obstructing the entrance of air as well as its exit, which same objection applies to the introduction of the tracheotomy tube.

2nd. The tube may be obstructed by membrane passing into it, but this seldom occurs, the tube generally remains clear, while the tracheotomy tube is continually becoming choked, necessitating its frequent removal and cleaning.

3rd. Food may pass down the tube, and thus set up pulmonary complications. This seems one of the strong objections to intubation. In the last eight of his cases the children were fed by enema of peptonised milk for the first three days, only allowing the child to suck ice in the mouth.

4th. The tube may slip into the trachea. This is not likely to occur if a sufficiently large tube is used. The large head is a protection against accident. The tube is sometimes coughed up—not generally however till its re-introduction is not necessary.

5th. The tube may become displaced. If it does it is generally soon after its introduction, so that if the physician waits a reasonable time after its introduction this danger is slight.

Dr. Armstrong expressed himself pleased with his use of O'Dwyer's tubes, and concluded by saying, "if the percentage of recoveries is found after a larger trial to equal tracheotomy I think it preferable to tracheology in private practice."

*Discussion.*—Dr. Bell said that he had had no experience whatever with intubation, but he had had a very large and disastrous experience with tracheotomy. In fact he looked upon tracheotomy as the most unsatisfactory operation in surgery. Out of over sixty operations he had had only ten per cent. of success. He supposed that as they were all hospital cases this had made his statistics worse than those of other operators.

Trousseau had had 30 per cent. of successes, while the Germans claim that there should always be 33 per cent of successes. It was admitted by all that the operation should be done early, but this he had never been allowed to do. He knew that many cases in which he had strongly urged the operation and had been refused the child had recovered, while he felt sure that in many cases in which the child died it might have lived if it had not been operated upon. Still he did not think that intubation would ever displace tracheotomy. There was one objection to intubation which Dr. Armstrong had not mentioned at all—the danger of ulceration of the larynx and consequent stenosis.

Dr. Wilkins knew of a case in which he and his colleagues had told the parents that unless the child was operated on it would surely die;

the operation was refused and yet the child recovered.

Dr. Major stated that nothing could be proved by statistics unless you could compare precisely similar conditions, which was impossible in the case under discussion. Here you have every variety of operator and circumstances surrounding, and besides you have the varieties of the disease. There was one special advantage of intubation and that was that the air passed through a warm moist tube before entering the lungs, as many of the deaths after tracheotomy were due to lung complications owing to the air passing directly into the lungs through the short tracheotomy tube. He had had 27 intubations with 10 recoveries. The first four recovered and the next four died. One of the disadvantages of intubation, namely, the food getting into the lungs, could best be prevented by feeding the patient by means of an œsophageal tube and funnel. In one of the cases which he had intubated the tube had gone into the gullet, but when he found it being swallowed he promptly pulled it up and re-inserted it. He might add that in the eighteen cases of tracheotomy for conditions other than diphtheria and croup all had recovered.

Dr. England stated that three of Dr. Armstrong's cases were patients of his and he could testify to the hopelessness of them before intubation, and also to the utter unfavorableness of the surroundings, the families being exceedingly poor, and having no means of obtaining proper nursing, and yet two of them recovered. The third died of diphtheria twenty-four hours after intubation.

Dr. Hingston said that statistics were very fallacious.

Dr. McConnell stated that four of Dr. Armstrong's cases had been in his practice. Two recovered and two died. In his opinion there was no comparison between tracheotomy and intubation, the latter being the preferable operation. It should be remembered that neither operation had the slightest effect on the course of the disease. So that the two operations need be considered only as means of overcoming mechanical obstruction at the glottis.

This was effectually accomplished by intubation. If the patient dies it dies from the disease and not from suffocation. As far as the treatment of the disease was concerned, as it was primarily a local affection it could be treated by means of atomized medicines, while the feeding could be managed as it was in one of his cases by injecting the food into the back of the pharynx while the child was lying on its side.

Dr. F. W. Campbell said he had had just two cases of tracheotomy, and just two deaths, so that his experience, while limited, was very unfavorable as far as it went. It seemed to him that intubation had good prospects of replacing tracheotomy in certain cases.

Fortieth annual meeting of the American Medical Association, to be held at Newport, R. I., June 25th.

In a private letter received by the Editor of this journal from Dr. H. R. Storer, chairman of the committee of arrangements, he says: "For myself and for the committee whom I have the honor to represent, I can only say that the larger the delegation from the profession across the border the more we shall all be gratified. For myself, among the honors I have always especially prized, was my election as an honorary member of the Canadian Medical Association many years ago, and among my friendships in this country that have been most cordial, quite a number have been with Canadian medical men."

In view of such good feeling and the promise of a hearty welcome being extended to them, we trust that a considerable number of the Canadian profession will find it convenient to attend. Newport is the queen of American watering places, and is less than a day's journey from almost any part of Eastern Canada or the Maritime Provinces. The meeting promises to be a very successful one. In a private letter from Dr. Joseph Price, of Philadelphia, this talented operator says, "The discussion on abdominal surgery at the Newport meeting will be the most complete and interesting that has ever taken place on this continent."

The Twenty-Second Annual Meeting of the Canadian Medical Association will be held at Banff, N.W.T., on the 12th, 13th and 14th of August next.

The Canadian Pacific Railway Company has agreed to carry members and delegates with their wives or members of their families at the following rates: From points in Ontario or Quebec to Banff and return at \$95.00 each, including a double berth in sleeping car for each person, and meals in the dining cars on the way West from Montreal or Toronto and back, and four days living at the Hotel.

The passage tickets will be made good from and to any points on the Canadian Pacific Railway, in Ontario or Quebec, to Montreal or Toronto, but berths and meals will begin at these two places only.

From other points in the Dominion the rates will be as follows: From Halifax to Banff and return, \$110.00; from St. John, N. B. to Banff and return, \$100.00, but the tickets from these points will not include sleeping car accommodations nor meals East of Montreal in either direction.

From Port Arthur to Banff and return the rate will be \$60.00; from Winnipeg or Brandon \$50.00; from Regina \$35.00, including meals and berths from all these points.

From Calgary the rate will be \$4.50 without meals or berths. From Victoria or Vancouver to



Banff and return, including meals in dining car and double berth in both directions, \$30.00, exclusive of hotel accommodation at Banff, or \$40.00 including four days hotel accommodation at Banff.

Owing to the provisions of the Interstate Commerce Law, it will be impossible to get reduced rates from points in the United States, with the exception of St. Paul, Min., from which place the following rate is offered: \$60.00 to Banff and return, including meals and sleeping car accommodation between Winnipeg and Banff only. Delegates from the United States are therefore requested to make their own arrangements between their homes and Montreal, Toronto, St. Thomas or other points on the Canadian Pacific Railway.

An effort is also being made to secure special rates from Liverpool to Montreal by the Canadian steamship lines for transatlantic delegates.

It is intended that the party shall leave Montreal on the evening of the 6th of August, by the regular Pacific express, and arrive in Winnipeg on the 9th, and stop over one day there; leaving Winnipeg on the 10th of August they will arrive at Banff early on the morning of Monday, August 12th. The meetings of the Association will then be held in the hotel (accommodation being provided by the Canadian Pacific Railway Company) on the 12th, 13th and 14th, after which the members of the party can either return at their convenience or take a trip to the Coast, leaving early the following morning (August 16th), for which special terms have been arranged as follows: From Banff to Victoria and return, not including meals or berths, \$20.00, or \$30.00 including meals in the dining car and berths. The tickets for this excursion will be on sale at Banff to members and delegates and their families only.

The special tickets issued by the Canadian Pacific Railway to Banff and return will be good for 60 days, and the holders will be allowed stop-over privileges on the Canadian Pacific line in either direction at pleasure. They will also be exchangeable at Port Arthur and Owen Sound, so as to enable members to travel in either direction by steamer between these points. Meal and berth coupons will be issued in connection with these tickets and will be available as part payment of the expense of any who wish to make additional stops and spend longer time on the line. It is considered desirable, however, by the Executive Officers of the Association, that as far as possible, the party should travel together by the all-rail route as far as Banff, so that all may be present at the opening of the meeting.

In addition to the members of the Canadian Medical Association, to whom this circular is specially addressed, a cordial invitation is hereby extended to all members of the regular profession in good standing in the Dominion of

Canada, the United States and Great Britain, to whom the necessary certificates will be sent on application to the Secretary.

Members and delegates are requested to notify the Secretary of the points on the Canadian Pacific Railway from which they intend to start at a sufficiently early date to enable the Railway Company to forward special tickets to the aforesaid points.

It will also be necessary to present a certificate from the General or Provincial Secretary to enable Members or Delegates to secure the above-mentioned special tickets.

Members who intend to present papers at this meeting are requested to inform the Secretary at as early a date as possible of the subjects which they propose to bring forward.

## Progress of Science.

### CIRRHOSIS OF THE LIVER.

According to the "*Lancet*," "Lancereaux treated alcoholic cirrhosis of the liver with iodide of potassium. The iodide is least useful in the hypertrophic forms and when persistent jaundice or perihepatitis obtains. Improvement may be observed in a fortnight, the urine being increased and the ascites diminished; at the same time the venous enlargement of the parietes and the swelling of the spleen tend to subside, and the patient gains weight and strength as the digestion improves. The dose should be an ordinary one, and the treatment kept up for some weeks or even months. Alcohol must be avoided, and a milk diet enjoined; cutaneous frictions are beneficial."—*Med. Herald*.

### THE CYSTOSCOPE IN PRACTICAL SURGERY.

It is the fate of most instruments with any pretensions to novelty to be looked upon for some time as scientific toys. The cystoscope, an instrument allowing one to peer into the recondite corners of the bladder, has, however, rapidly developed into something more than a curiosity in the hands of Mr. Hurry Fenwick, who seems to be budding forth into a specialist of a novel genus, that of a "cystoscopist." Surgeons may be deterred by the dexterity required to manipulate this instrument with any chance of success, but vesical patients will certainly appreciate the advantage of having the condition of their bladders made known without the necessity for an exploratory incision, small as may be the risk attending this routine operation. There can be no doubt that surgeons will be called upon to avail themselves of the facilities thus afforded in the future.—*Hospital Gazette*.

## FOR DYSMENORRHOEA.

Dr. J. Shaw recommends a mixture of belladonna and hyoscyamus for the relief of dysmenorrhœa. It is particularly in the so-called neuralgic or spasmodic form of the affection that this mixture seems to afford the greatest amount of relief.—*Lancet*.

## ANTISEPTIC SPONGES.

For gynæcological operations.—The sponges are placed for 2 hours in a solution composed of corrosive sublimate 1·0, carbolic acid 5·0, alcohol 60·0, water 500·0; after expression they are allowed to dry in the air and may be impregnated with one of the following solutions: I. Boric acid 15·0, boiled water 500. II. Tannin 30, boiled water 500·0. III. Solution ferric chloride 40·0, boiled water 500·0.—*Pharm. Centrall.*, 1888, 558.

## THE CONTAGIOUSNESS OF ALOPECIA.

The committee appointed by the Academy of Medicine in Paris, to consider the question of the contagiousness of alopecia areata, has just rendered its report. The rules enjoined upon those afflicted with this disease in the public schools, etc., could hardly be more rigorous if it were scabies which ailed the children, and indicate the conviction in the minds of the committee that this disease is contagious.—*Philadelphia Medical Times*.

## DIFFERENTIAL DIAGNOSIS OF TUBERCULOSIS AND TYPHOID FEVER

The great difficulty which often exists in making the diagnosis between enteric fever and tubercular disease is well known. Dr. D. W. Finlay has again called attention to the assistance which may occasionally be obtained from the inversion of the temperature curve. Fever with marked evening remissions and morning exacerbations ought to suggest tuberculosis. It would not be safe to go further than this and say with Dr. Finlay, that it indicates tuberculosis.—*Dawson, Medical Times*.

## THE REMOVAL OF WARTS BY CARBOLIC ACID.

Prof. B. Frankel, in the *Wiener Medizinische Presse*, Oct., 1888, recommends the following method for the removal of warts: The skin surrounding the wart should be covered with cotton and thus protected. Then by means of a glass rod apply the liquid carbolic acid to the wart and allow it to dry. No pain is perceptible. In the course of two or three days a part of the wart will fall off. Renew the application until all has been removed.—*Med. News*.

## FOR BILLIOUSNESS.

R.—Pulveris ipecacuanhæ gr. iij.  
 Massæ hydrargyri gr. viij.  
 Extracti colocynthidis composita gr. xvj.  
 Misce et divide in pilulæ, No. viii.  
 Sig.—Take one pill night and morning.  
 —*Med. Bulletin*.

## BINIODIDE OF MERCURY AS AN ANTISEPTIC.

Dr. Rogee-Saint Jean-d'Angely states that biniodide of mercury is not irritant to wounds and a more powerful antiseptic than carbolic acid. It has no odor and an alcoholic solution 1:300 is soluble in all proportions in warm water. Lister's dressing is expensive and not adapted for use in armies. Since 1885 the author has employed exclusively the biniodide with dressings of cotton and gauze, and in 108 operations (32 major) had only one death.—*Translated from Semaine Medical.—Sanitarian*.

## TONSILITIS.

The following has been a very useful gargle in the treatment of tonsillitis, and is highly recommended by Dr. John Aulsebrook:

R.—Tr. guaie. ammoniat.  
 Tr. cinchonæ comp. āā fʒiv.  
 Potass. chloras. ʒij.  
 Mel desp. fʒiv.  
 Pulv. acaciæ q. s.  
 Aquam. q. s. ad fʒiv.

M. Sig.—Use as a gargle, and take a teaspoonful every two hours.—*Med. Register*.

## HOT INHALATIONS IN PHTHISIS.

Hot dry air inhalations in the treatment of consumption is said to produce the following effects: 1. The removal of dyspnoea. 2. Decrease of coughing spells. 3. During the inhalations, more especially within the first few days, increased expectoration; later on, a remarkable decrease of the same. 4. Increase of appetite. 5. Increase of bodily strength. 6. In most cases a complete cessation of the acute processes within a short time. 7. Removal of catarrhal symptoms. 8. Clearing up of previously infiltrated parts. 9. Disappearance of bronchiectasis. 10. Cicatrization of cavities.—*Med. Current*.

## CONIUM AS A LOCAL ANÆSTHETIC.

Attention has been called to the value of hemlock as a local anæsthetic in painful affections of the rectum and anus, by Dr. Whitla (*Practitioner*, April). He states that he has found an ointment very useful when applied in pruritus ani, especially when associated with or caused



by hemorrhoids or fissures in the anus or lower part of the rectum. Having found the official extract of conium unreliable, Dr. Whitla prepares an ointment from the succus. This he does by evaporating two ounces of the succus slowly, at a temperature below  $150^{\circ}$  F., until reduced to one and a half or two drachms, and then triturating the syrupy residue with sufficient lanolin to make the weight up to one ounce. The product is a smooth, adhesive, stable ointment, of a light brown or dark fawn color.—*Pharmaceutical Journal*.

#### PROGNOSIS FROM THE RAPID FALL OF TEMPERATURE IN TYPHOID FEVER.

There are two distinct forms observable in the decline of temperature in typhoid-fever: the rapid and the gradual. A simple fall of fever must not be mistaken for a real decrease of the fever. In such cases a sudden change, which Jaccoud calls a relapse, often follows after a short interval. Only when the temperature falls gradually to  $98\frac{1}{2}$ , the normal condition, can the patient be considered safe from a sudden relapse. When the temperature falls rapidly it must go below  $98\frac{1}{2}$ ,  $97.9$ ,  $97\frac{1}{2}$  before the patient can be considered free from danger. This rule may be applied in a general way to the termination of all fevers, of erysipelas, etc.—*Jour de Med. de Paris*.—*Sanitarian*.

#### WHEN TO OPERATE IN INTESTINAL OBSTRUCTION.

Dr. Benj. Ward Richardson recommends that in the treatment of acute intestinal obstruction mild measures (purgatives, enemata, massage, etc.), might be persevered with until the supervention of faecal vomiting, which should be taken as conclusive indication for exploring the abdominal cavity. This opinion was expressed at the Medical Society, and in the discussion, Mr. Edmund Owen pointed out that the rule would not apply to cases where the obstruction was high up, say in the jejunum, for in such cases faecal vomiting did not occur, and both he and Mr. Bryant thought that much valuable time would be lost in waiting for stercoraceous vomiting to occur.—*Dr. Dawson Medical Times*.

#### STROPHANTHUS FOR EXOPHTHALMIC GOITRE.

This remedy is gradually gaining favor and now constitutes part of the standard treatment in cases of this disease. Dr. D. E. Brower, of Chicago, in the *Jour. Amer. Med. Ass'n*, has a valuable contribution founded upon three cases, in all of which recovery or satisfactory progress resulted. At first two drops were given every six hours and the dose gradually increased to

ten drops, which had the effect of bringing the circulation under control. Dr. Brower does not depend upon strophanthus alone, but advises the free use of tonics and galvanism.

The writer must confess that he has not found much reason for congratulation following the use of galvanism, but it is possible, as Dr. Poole said a year ago, that galvanism is not often applied on the correct theory.—*Med. Review*.

#### ANTISEPTIC AND ANALGESIC COTTON FOR THE DRESSING OF WOUNDS.

Dr. Eller (*Revue gén. de Clin. et de Thérap.*, March 7, 1889) recommends the following as an analgesic and antiseptic mixture:

R.—Cocaine hydrochlorate	3 parts
Water	60 "
Boric acid	6 "
Glycerine	8 "
Carbolic acid	2 " —M.

Dissolve the cocaine in the water, and the boric acid in the glycerine; then mix these together and add the carbolic acid.

This preparation serves to render antiseptic as many ounces of cotton as ounces of water have been used: The cotton thus obtained serves as a dressing for burns.

#### THE SURGERY OF THE THYROID BODY.

The surgery of the thyroid body is the subject of a communication by Dr. W. H. Harsant to the *Bristol Medico-Chirurgical Journal* for December, 1888. The author is opposed to any cutting operation for simple hypertrophy unless there is serious distress or danger. He has treated a large number of cases by injections of iodine and ergotine, but in most cases the result was disappointing. In the fibrous variety incision seems to him to be the only successful method of treatment.

The writer can heartily endorse the position taken by Dr. Harsant as to the needlessness of operative interference in ordinary hypertrophy. The injection of iodine, however, has certainly been of use in a number of cases, while the East Indian method of repeated applications of the ungt. hydrarg. biniodidi has been of decided value.—*Med. Review*.

#### SULPHONAL IN NIGHT-SWEATS.

Dr. Bottnich, of Hagen, reports in the *Therap. Monatshefte* for March, 1889, the following remarkable action of sulphonal. He administered to a lady, eighty years of age, who had passed many sleepless nights, fifteen grains of sulphonal as a hypnotic. The lady suffered so profusely from night-sweats that she was frequently compelled to change her night-dress twice during

one night. After the administration of the first dose of sulphonal, she asked the author whether he had given her anything to prevent the sweating, so rapid was the effect.

Further investigations proved that in most cases night-sweats could be overcome by taking thirty grains of sulphonal before retiring. The author compares the action of sulphonal to that of atropin, the former, though, possessing none of the unpleasant after-effects of the latter. Although the remedy was omitted every second night, the sweating in most cases was still quite perceptibly diminished.

#### WHAT MEDICINES MAY BE GIVEN TO NURSING MOTHERS.

Fehling has opened an important field of inquiry, by a series of experiments, to determine what drugs may be safely given to nursing mothers. He found that salicylate of sodium was dangerous to the infant when given to the nurse in doses as large as forty-five grains daily. Iodide of potassium may be given in doses of three grains daily. Iodoform enters the system of the infant more readily through the nurse than when given to the child. Even when the wounds of the mother were dressed with iodoform, iodine was found in the child's urine. He found that mercurial salts given to the mother affect the child very slightly, if at all, and that twenty-five drops of tincture of opium (German Pharmac.) and one-tenth to three-tenths of a grain of morphia could be safely given to the mother. Chloral may be given in doses of twenty-three grains to forty-five grains. Atropine affects the child very quickly, even in small doses. He denies that salads and acids have an injurious effect on the child.—*Medical Press*, March 20, 1889.

#### THE ROYAL VICTORIA HOSPITAL, MONTREAL.

The drawings for the new Royal Victoria Hospital, Montreal, Canada, have been received from London. The central, or main, building consists of four blocks, the front one, on either side of the entrance hall, being devoted to the nurses' apartments, and those of the lady superintendent and matron, together with the general offices. The block behind this consists of a building, the shape of a Latin cross, devoted to the clinical department, with a separate entrance for the students. Behind this again are two other blocks, containing three theatres and the mortuary, and at the rear of these, but perfectly isolated from them, is the ice house. The wing on the left hand, or Western side, consists of three blocks, each four stories high, with, between them, small buildings containing the staircases, each ward communicating therewith

by means of covered galleries. The accommodation to be provided is—surgical patients, about 90 beds; medical patients, about 180; private paying patients, about 20; total, 290 beds. Infectious hospital, about 35; total, 325.

At the rear of the buildings is the infectious hospital, conducted upon the hut system. The whole building will cost about half a million dollars.—*Boston Med. and Surg. Journal*, April 4, 1889.

#### PHENACETIN IN THE TREATMENT OF WHOOPING-COUGH.

Dr. R. Heimann, of Landau, reports in the *Munch. med. Wochenschrift* of March 19, 1889, some of the successes which he has obtained with phenacetin in the treatment of whooping-cough. Failing to obtain any satisfactory action from antipyrin, he resorted to phenacetin, the action of which proved to be most satisfactory. The paroxysms of coughing which, before its administration were as many as from ten to fifteen, were, after the drug had been taken, reduced to three, and after several days they disappeared altogether, returning only at night, the drug being then withheld.

To a three-year-old boy the author administered 6 grains in four doses of  $1\frac{1}{2}$  grains each, to a two-year-old girl  $4\frac{1}{2}$  grains in three doses, and to a nursing 3 grains in four doses of  $\frac{3}{4}$  grain each; after effects were never observed,  $1\frac{1}{2}$  grains of the drug sufficing to keep the paroxysms in check for three hours.

To assure himself of the efficacy of this drug, the author omitted its administration in some cases for a day, which resulted in a return of the number and severity of the paroxysms.

#### PAROXYSMAL SNEEZING.

The papers on paroxysmal sneezing by Drs. Sidney Ringer and William Murrell, in the *British Medical Journal* are the result of careful study. The authors include under this title "hay fever," "hay asthma" and "summer bronchitis," whether the attacks affect part or all of the respiratory tract. We would naturally expect these authors to be most thorough in the discussion of medication. They divide the remedies employed in the treatment of paroxysmal sneezing into two classes: "First, those which break up the paroxysm; and, secondly, those which by gradual action so modify the pathological condition of the mucous membrane that the predisposition to their return is removed. To the first belongs cocaine (which the authors highly recommend in the form of tabloids inserted in the nose), pungent inhalations of all kinds, but more particularly of iodine, chloroform, tobacco smoking, and nitre papers. These last, as usually prepared, are too weak to do much good. The authors recom-



ment that the nitre paper should consist of six thicknesses of blotting paper steeped in a saturated solution of nitrate of potassium and chlorate of potassium. When dry it should be sprinkled with essence of camphor, compound tincture of benzoin, tincture of sumbul, or some preparation of stramonium, and burnt in a tin cup at the bedside. Strong black coffee, taken at the onset of the paroxysm may cut it short. Hazeline locally and internally may prove of service. The second category includes the iodides, arsenic, inhalations, or the use of a spray of a 2 per cent aqueous solution of iodine, and the removal of polypi and hypertrophied nasal tissue. When the attacks are attended with itching or irritation of some particular spot or region, the local application of aconite liniment, or aconite ointment may at once give relief.—*Med. Review.*

### CREASOTE IN PULMONARY PHTHISIS.

Very much has been written upon this subject lately, and one of the most valuable papers is that of Dr. Beverly Robinson in the *Amer. Jour. Med. Sci.* for January. We much doubt if all of the good things which are now said about this remedy will be remembered a year hence, yet it certainly seems to have some virtue. Dr. Robinson believes that it should be taken at first in small doses, which may be gradually increased. He prescribes three to six minims daily (given with whisky and glycerine) in half minim doses. Eichorst combines arsenic and creasote where there is excessive secretion with difficult expectoration, while Dr. Douglas Powell combines creasote with opium and finds it of great service where there is stomach and upper bowel trouble.

It cannot be too strongly insisted upon that great care should be taken in the selection of the creasote. The ordinary vile compound, a coal tar product we believe would make a well man sick, and fail to make a sick man well. The best beach wood creasote should be chosen and we believe may be given in larger doses than Dr. Robinson advises.

### THE TREATMENT OF TUBERCULAR DIARRHŒA BY LACTIC ACID AND IODOFORM.

The effect of lactic acid on the diarrhœa of nursing infants is well known, while its efficacy in the tubercular ulcerations of the tongue and laryngeal disease is generally admitted. It would seem to be indicated on double grounds in the treatment of the rebellious diarrhœa of tubercular cases. Henri Huchard states in the *Revue Générale de Clinique et de Thérapeutique*, Nov. 22, 1888, that he has for the last six months employed lactic acid in doses of from thirty to sixty grains daily in such cases, but that his results have been almost negative. In

such cases he adds that he has frequently arrested the diarrhœa by the use of iodoform in small doses. MM. Sezary and Anne appear, however, to have been more fortunate with the use of the lactic acid, which they have administered in doses of from 30 even up to 120 grains daily. It would seem that Huchard's failures are therefore attributable to the insufficient quantity administered, for these authors claim that in all cases marked improvement was noticed on the second day, and by the fourth or fifth day the stools had become perfectly normal. They cite in support of this statement nine cases, all of which were cured by this method, and with only one exception did the symptoms return after the cessation of the treatment. It is doubtful whether we can always expect such favorable results to be obtained; the diarrhœa is so rebellious, and our means of combating it are so restricted, that any addition to our means of combating this affection must be gladly accepted.—*Therapeutic Gazette.*

### A NEW AND ONLY WAY OF RAISING THE EPIGLOTTIS.

A New and Only Way of Raising the Epiglottis is the rather startling headline of a paper read before the Medical Society of London, and published in the *New York Record* of Nov. 24, 1888. The author is Dr. Benjamin Howard, who has been investigating this subject for more than twenty years. For a long time he accepted the teaching that in apnœa the epiglottis falls backward and closes the glottis, that the only way that the epiglottis can be elevated is by means of the tongue; as the tongue is brought forward the epiglottis is moved upward. Unless this is done respiration is prevented and the result is fatal. The author believes that, contrary to general belief, traction of the tongue does not and can not raise the epiglottis. After many experiments he now asserts that by sufficient extension of the head and neck the epiglottis is instantly made completely erect. In order to make complete extension of the head and neck the patient should be brought to the edge of the bed or table, one hand should be placed under the chin and the other on the vertex, and the head should be steadily but firmly carried backward and downward; the neck will share the motion which must be continued until the utmost possible extension of both head and neck are obtained. In this way the epiglottis is certainly and easily raised.

The investigations of Dr. Howard merit attention. If his method will produce the results which he claims, it will be almost as much of an addition to our resources in cases of sudden danger to life as is the now well known procedure of lowering the head in cases of threatened death during the administration of anesthetics.—*Weekly Med. Review.*

## ECZEMA OF THE NAILS.

Dr. de la Harpe, *privat-docent* in the University of Geneva, mentions in the *Revue Médicale de la Suisse Romande* a somewhat rare case of eczema of the nails, which came under his notice while he was acting as medical officer at the well-known baths of Louèche, or Leuk. The patient was a man of sixty, who had been sent to Louèche by Prof. Hardy. There was no history of gout or other hereditary disease, and up to two years previously the nails had been in excellent condition. The first sign of anything wrong that was noticed was a slight redness about the ungual furrow of the ring finger of the right hand, which was at first supposed to be panaris, but instead of going on to suppuration it was followed by morbid changes in the nail itself, which soon became thickened and friable, with a roughened surface. The nails of the other fingers on both hands subsequently became affected, as shown in figures appended to the paper. When seen by Dr. de la Harpe, the affected nails were swollen, bent transversely, and marked with longitudinal striae or grooves. Two apparently healthy nails showed fine depressed points.

Regarding the cause of these appearances, which are the first signs of the commencement of the affection in otherwise normal nails, Dr. de la Harpe remarks that he has seen a case of chronic eczema of the hand in which there were a number of longitudinal grooves on the nails, some of them interrupted—that is to say, in sections. The punctate marks on the nails in the case in question may possibly be analogous to the interruptions noticed in this latter case. As to the treatment by means of the Louèche waters, it appears to have effected marked improvement.—*Lancet*, March 23, 1889.

## A SIMPLIFIED METHOD OF THE COLD WATER TREATMENT OF FEVER.

Dr. Placzek (*Virch. Arch.*, cxv) has of late taken up this treatment, at first advocated by Preyer and Flasher, in 1884, and by Hillier in 1886, the latter having successfully used it in treating soldiers suffering from sunstroke. This treatment consists in spraying the entire body surface with water until a fall of temperature is obtained.

In an animal with high temperature, Dr. Placzek succeeded in reducing the same two degrees by spraying the body with one and a half pints of water of from 53° to 59° F. and immediately after with three ounces of 95° F. The after-spraying with water of a higher temperature dilates the capillaries and this induces a consequent loss of considerable body-heat.

Thus in a tuberculous subject whose evening temperature would at times reach 104° the

author reduced the same to normal by using somewhat over one pint of water of from 59° to 66° F. The temperature was with ease kept for four hours at this standpoint and then gradually allowed to rise, but not allowed to reach its former high standing.

Compared to the ordinary method of bathing, this treatment has the advantage of simplicity and comfort, factors not to be disregarded in private practice. The patient simply remains in bed, coverings and shirt are removed, a rubber or wax-cloth laid under him, and the *modus operandi* proceeded with. As each application does not require more than twenty-five minutes, it can be repeated several times daily.—*Prager med. Wochenschrift*, March 20, 1889.

## OPERATING ON UTERINE FIBROIDS.

At the meeting of the British Gynaecological Society, last week, an important discussion took place on the uterine fibroids, in the course of which Mr. Lawson Tait said he could give a melancholy example of the results of leaving uterine fibroids alone. A lady, aged 60, was sent to him from Nottingham, with an enormous soft cedematous myoma. Twelve years before she had been to consult Sir Spencer Wells, who for some reason advised that nothing should be done. The patient went on bleeding continuously, her menstruation practically never ceasing. The tumor went on increasing in size, and when she came to him on the 10th of December last it was of an enormous size. He advised immediate operation, warning, however, the patient that in her exhausted condition recovery was materially interfered with. She nevertheless eagerly requested the operation, as did her husband. He, therefore, operated, shelling it out as easily as possible, but the shock was so great that the patient never rallied from the operation, and she died about thirty-six hours after. He asserted that if the patient had been operated upon twelve years earlier, when she was fifty instead of sixty, and with ten years' less of suffering and hemorrhage, her chances of recovery would have been materially increased. As Mr. Tait can know little or nothing as to the poor woman's condition when Sir Spencer Wells advised her to have nothing done to the tumour, we think he is scarcely justified in citing the case as a "melancholy example" of the results of doing nothing. We may rest assured that Sir Spencer Wells did not give his verdict without giving due weight to the probability of the operation proving successful, but whether at that time he was right or wrong, the death of the patient from shock immediately following the operation by Mr. Tait rather points to the conclusion that it would have been as well had the case been allowed to run its course.—*Editor Hospital Gazette*.



## THE OPERATING ROOM AT THE HOTEL DIEU, IN LYONS.

The new operating room at the Hotel Dieu, in Lyons, which has recently been opened for use, would appear from a lecture delivered by Prof. A. Poncet, who has charge of the teaching in operative surgery, to be one of the most completely aseptic operating rooms to be found. M. Poncet has had it constructed according to designs of his own, elaborated after a visit to many of the hospitals in England, France, Germany, Austria and Switzerland.

The two objects he set before himself were the prevention of infection by means of air or through contact. It is about thirty feet in length by twenty feet in breadth, the height being about twenty-four feet. As its situation beneath the wards rendered a skylight impossible, the light is admitted by one immense window, the eight panes of which are made to open. Artificial light, when required, is obtained from a Wenham gas-lamp, which can be lowered to within about seven feet of the ground. The walls are covered to the height of five feet with glass, forming a dado; above that with perfectly smooth stucco of a rose-gray tint. All the angles are rounded. To the walls are fixed nickel-plated brackets supporting shelves of plate glass, which, however, do not come within half an inch of the wall; on these shelves stand vessels containing antiseptic solutions, and ingeniously constructed metal receptacles for dressings. The ceiling is in the form of a dome, and the floor, which is of cement, slopes slightly to an aperture in the centre leading to a carefully constructed drain. The surface is channelled, and is washed down daily, also once a week with carbolized water.

The few chairs and benches are made of bronzed iron; the tables are made with glass tops and metal frames, and are provided with casters. The operating table is entirely free from the complicated mechanism frequently seen, and the top, which is of glass, is like the floor, made to slope toward the centre, where there is an aperture communicating with a drainage-tube. The mattress is covered with mackintosh, and is perforated so as to allow of drainage. When the patient requires to be propped up, pillows and cushions covered with mackintosh are used, to the entire exclusion of mechanism. Ingenious arrangements are made for the reception of the anæsthetist's and the surgeon's appliances, and a second table as provided for operations requiring the operator to stand between the patient's thighs.

The instruments, whose handles are specially made with a view to prevent any difficulty in cleaning, are all washed in glycerine at the temperature of 120°C., and then kept in carbolic solution.—*Lancet*, March 23, 1889.

## CREASOTE IN LUNG AFFECTIONS OF CHILDREN.

With a few exceptions almost all observers speak well of the value of creasote in tuberculosis, and agree in saying that even if recovery is not to be hoped for, marked improvement of the chief symptoms follows its employment. All the communications hitherto published relate to adults, and Prof. Soltman, of Breslau, is the first to record his experience of the remedy in children. We have, he says, given creasote in chronic lung diseases with little or advanced destruction without considering the presence or absence of bacilli. After all due allowance is made for care in hospital, suitable nourishment, baths, good air, etc., considerable advantage is evidently derived from the administration of creasote, since cases which were not doing well began to improve unmistakably under increasing doses of creasote. He gives two to seven drops of creasote a day—i.e., from one to six grains, while adults were ordered from four to eight, or even twelve grains daily by Sommerbrodt.

Soltmann's prescription is this:

R.—Creasote	guttæ 4-14
Sp. æther	vj-xij
Aq. dest.	ʒjʒvj
Sacch. alb.	ʒiiss

A teaspoonful every two hours.

It merits especial mention that the creasote was well borne by all the children. Stomach-ache, nausea, vomiting, diarrhoea, inconveniences which often render treatment by creasote impossible in adults, never occurred. Even in high fever, which by all authors is spoken of as a contra-indication, the creasote was taken without disadvantage. That the large doses helped to give the good results is probable from Guttman's experiments on the antiseptic power of creasote on many microorganisms. Very remarkable in many cases was the increase of appetite and gain in body-weight, the diminution of cough and expectoration, and the gradual disappearance of pathological lung-symptoms. He concludes that creasote exerts in chronic lung-disease with suspicion of tuberculosis a markedly favorable influence, especially in cases where there is not much destruction of lung or other severe complication, and where there is not too much high fever, the general strength being relatively good.—*London Medical Recorder*, March 20, 1889.

## TREATMENT OF LOCOMOTOR ATAXIA BY SUSPENSION.

It is interesting to note that Motchoukowsky's method of treating locomotor ataxia by suspension of the patient with bands passing under the chin and occiput and under the arms—the method described in the *Reporter* February 23—has been on trial in the nervous clinic of Pre-

fessors Eulenburg and Mendel, in Berlin. The results obtained by these distinguished specialists in nervous diseases are stated by the *Berliner klin. Wochenschrift*, February 25, 1889, to be in entire agreement with those we have referred to from Charcot's clinic. The patients are at first suspended for one minute, and gradually the time is lengthened until the limit of three minutes is reached, the suspension being practised three times a week. About twenty patients have thus far been subjected to the treatment in the polyclinic in Berlin, and the distrust with which it was first regarded has given way, until now the patients look forward to it with eagerness and steadily growing confidence. Too short a time has elapsed to speak of cures or even of undoubted improvements, nevertheless they say it can be stated that a certain number of patients exhibit after the suspension an easier and freer gait, have less staggering, and complain less of lancinating pains; in a few cases there has been also improvement in the bladder symptoms. Moreover, in their experience up to the present time the treatment has been free from bad symptoms, and is evidently well borne by women.

They are careful, however, to add that the actual value of the treatment is still in doubt, and that physicians should be warned against forming precipitate and exaggerated hopes of it. This last statement obtains support from the experience of the treatment which has been had in the Infirmary for Nervous Diseases in Philadelphia. Fourteen patients have thus far been subjected to the treatment in that institution. As a rule the suspension has been well borne, but care is required to have the pressure equable—not more in the neck than in the armpits. Patients after the suspension is over are found to be unsteady when first let down, so that they are not released for a minute or so. The only unpleasant effect observed occurred in a patient who fainted during suspension, and had convulsive movements; he recovered, however, in a few minutes after being let down. While it is as yet too early to speak of the results obtained at the Infirmary, it is significant that there has not been in any case marked improvement.—*Edit. Med. and Surg. Reporter.*

### THE THERAPEUTIC USE OF BORIC ACID.

By DR. LEBOVICZ, in *Weiner Med. Presse.*

1. Boric acid is antiseptic. Every soldier should constantly carry an ounce of it with him; a handkerchief cut in two three-cornered parts could serve as a bandage. This would be the simplest and cheapest dressing. It is sufficient to cover the wound with finely pulverized boric acid to keep it in an aseptic condition. Boric acid has no odor, but it removes all odors. Lebovitz applied it to periarticular abscesses, ulcers

of the leg, caries and necrosis of bones and complicated fractures, with very good results.

2. In anthrax and furuncles. When the furuncle is forming, the red and inflamed part is frequently bathed in the following solution: *R. Ac. borici, aq. distill. āā 20.0.*

3. In burns. In burns of the second degree, when the cærum is exposed, great caution must be exercised in the use of poisonous antiseptics. Boric acid has the advantage of not being poisonous. The burnt parts should be covered with borated vaseline ointment, spread on linen (1-5). *R. Ac. borici subtiliss. pulv. 20.0, glycerini 15.0. Misce et adde vaselini 85.0.* The dressing should be removed once or twice daily. This dressing can even be recommended in very extensive burns; but in very extensive and very deep burns we must not expect too much of it. In cases of fever due to burns, it was always possible to combat it by the daily internal administration of 4.0 (ʒi) of boric acid. *R. Ac. borici 4.0, glycerini 10.0, aq. destill 100.0, syr. diacod. 25.0.* A tablespoonful every two hours.

4. In skin diseases. In pemphigus, eczema, shagades, rupia, scabies, Lebovitz saw excellent results from the use of boric acid. He applied: *R. Ac. borici subtiliss. pulv. 10.0, glycerini 20.0, lanolini 30.0. M. f. ung.* The treatment of scabies began with a full bath, then the borated vaseline ointment (1:2, later, equal parts) was thoroughly applied over the affected parts; the itching disappeared immediately; the duration of treatment was generally six days. In a case of conjunctivitis trachomatosa a cure was obtained in 45 days. It has several advantages over astringents, and it can be applied in conjunctivitis in solution, ointment, powder, or as external application. In chronic scrofulous otitis, he used injections of a lukewarm concentrated solution of boric acid, and applied borated glycerine (1:10); also in stomatitis, aphthæ, tonsillitis, etc.

5. In coryza as a snuff. *R. Ac. borici subt. pulv. collee Arab. pulv. āā 5.0.* In small children it is used in the form of ointment.

6. In gonorrhœa he uses urethral bougies of which he introduces one three times daily. In addition 3.0 (gr. 4) daily internally.

7. In several cases of chronic endometritis and leucorrhœa with sterility, he observed cures by the use of boric acid. After dilating the cervix, he fills the uterine cavity with boric acid, and introduces a borated tampon. After removing the tampon, lukewarm boric acid injections are used. Cure after three or four months' treatment, followed by conception in several cases.

8. In cystitis he washes out the bladder (in acute cases) with three per cent. solution of boric acid, and in chronic cases he administers from 3.0 to 6.0 of the drug internally every day.—*Pittsburg Med. Review.*



## JACKSON (J. HUGHLINGS) ON HEMIPLEGIA.

This author, in a recent lecture upon diseases of the brain, as usual adds some original and thoughtful facts to our knowledge of this subject. He speaks of two types of hemiplegia—an arm-type and a leg-type—where either of these extremities is most disabled. In a left hemiplegia the arm-type would be preferable, because the left arm can, if necessary be dispensed with; while in a right hemiplegia the leg-type would be preferable, since a man can better afford to lose a right leg than a right arm, and there is less likelihood of defect of speech if the leg-centre is chiefly affected.

If the paralysis begins very locally, say in the hand, and increases in degree and range very slowly, day by day and week by week, there is great probability of tumor of the opposite cerebral hemisphere. In most cases of slow hemiplegia one should treat for syphilis in the early stages. A hemiplegia following immediately upon an epileptic seizure beginning very locally would indicate cortical disease in the Rolandic region. The discharging lesion causing epileptic seizures in such cases is usually probably a local encephalitis about a tumor. The treatment of syphilitic post-epileptic hemiplegia is treatment for syphilis, of course, and also empirical treatment with bromides, the hemi or mono-plegia itself requiring no treatment.

If hemiplegia comes on deliberately, say in half an hour, without defect of consciousness, the presumption is for local softening from plugging of the middle cerebral artery or one of its branches. If rapid with loss of consciousness, or if coma soon follows a deliberate onset, the presumption is for cerebral hemorrhage. But these rules are only empirical and have their exceptions.

The type of syphilitic hemiplegia due to a syphilitic endarteritis is not cured by drugs. After the artery is obliterated and softening occurs drugs will do nothing toward curing the paralysis. But active treatment should nevertheless be carried on with mercurials and iodides in order to prevent similar occlusion of other vessels. There is no doubt that some of these cases of hemiplegia do recover, but not from treatment. All cases of hemiplegia, from whatever cause, that get well do so through the law of compensation by other nervous elements. This compensation will depend materially upon the smallness and position of the lesion.

As regards treatment in all classes of hemiplegia the paralysis needs none. Massage and gentle faradization will be of some service while we are waiting for compensation, but merely as an artificial exercise. To diminish the quantity of highly nitrogenized food, to look after digestion, to keep the patient's bowels free, is the best style of treatment. If arterial tension be

high give small doses of mercury and saline aperients. Never give strychnine in cerebral paralysis.

Hemiplegia is not a nervous disease at all in the strict sense; it is in most cases an arterial affair.—*Brit. Med. Jour.*—*New Orleans Med. and Surg. Jour.*

## WHEN TO PRESCRIBE DIGITALIS.

Notwithstanding the increasing additions to the list of so-called cardiac medicaments digitalis still holds its position as the most certain and most widely used; but in order to derive all the good possible from it it is necessary to understand clearly the indications, and not to give it indiscriminately, as is too often done. Mr. Huchard has set forth these indications very clearly in his recent work, "When and How Should Digitalis be Prescribed."

In order to understand clearly the indications and counter-indications, the valvular affections of the heart must be divided into four stages or periods. The first is the period of *eusystole*. During this time the lesion is compensated, and nothing should be done in the way of medication; all our efforts are to be confined to maintaining good hygiene. Digitalis is useless.

During the second period, that of *hypersystole*, the contractions are violent, and compensation is exaggerated. Hygiene still plays an important part, and the cardiac sedatives, aconite, arsenic and the bromides, are indicated; digitalis is injurious.

The situation is entirely different in the period of *hyposystole*, or temporary asystole. The cardiac muscle and vessels become asthenic. This is the stage of oedemas, congestion of the viscera, dropsies; the heart beats softly and feebly, etc. Digitalis is now of the greatest service; it is here triumphant.

Finally, in the period of asystole or amyocardia the cardiac muscle is profoundly degenerated; there is paresis of the heart, the definitive cardioplegia of Gubler. Digitalis is still sometimes useful, but it may in time become inefficacious, and occasionally it is injurious. Caffein in large doses is here sometimes very valuable.

Huchard considers a maceration of the drug as the best form for administering it. He does not give the infusion, which is preferred by some physicians, for, when it is necessary to act quickly, we cannot wait for twelve hours, which time is required for macerating. This is the method for making the maceration:

R. Leaves of digitalis, in powder, 25 to 40 centigrams; cold water 300 grams.

Macerate for twelve hours, and filter carefully, in order to avoid the retention of a certain amount of the powdered digitalis, which is capable of producing nausea and vomiting by its

irritant action upon the mucous membrane of the stomach. The infusion may be sweetened with any agreeable syrup.

This maceration should be taken in five or six doses during the day, between meals; the digitalis should be prescribed in diminishing doses; thus, 40 centigrams the first day, 30 cgr. the second, 20 cgr. the third, etc. As a rule, the digitalis should be suspended after four or five days' use.—*Journal de Médecine et Chirurgie Practiques.*

### CURRENT VERIFICATIONS.

Gelsemium affords great relief in cases of irritable bladder.—U. B. Lee, in Brief.

Aletris is of special value in dysmenorrhœa. It is a uterine tonic, and will avert a threatened abortion.—Brief.

Arsenicum will cure menorrhagia when characterized by profuse and prolonged attacks at short intervals.—Brief.

Aconite in two-drop doses will, if commenced early in the disease, modify the course of a pneumonia.—Dr. Barns, in Brief.

Belladonna and its congener, Hyoscyamus, are capable of affording the greatest amount of relief in dysmenorrhœa.—Lancet.

Nux Vomica in five-drop doses of the tincture repeated every two hours, for ten consecutive hours, relieved the nausea of pregnancy, produced bearing down pains followed by miscarriage.—Med. World.

Adonis in heart disease receives the attention of Borgiotti in Deut. Med. Zeitung, as follows: He finds that the drug is a valuable remedy in various heart affections. It may be given continuously for two weeks, provided there is no suppression of the functions of the kidneys. In fatty degeneration of the heart Adonis acts as a diuretic and regulates the circulation, and will prove efficacious in many cases where Digitalis has failed or where its use is contra indicated.—Therapeutic Gazette.

Hydrastis Canadensis.—This drug causes constipation. It affords relief in inflamed or diseased mucous surfaces, producing a tonic alterative effect and peristaltic movements of the intestines.—Med. Brief, Nov., '88.

Pulsatilla.—Pulsatilla nigricans has a marked effect in cases of amenorrhœa, in acute ophthalmia, and in nasal, bronchial and vesical catarrh. Nearly all affections of the mucous membrane are more or less beneficially influenced by its administration, if the genuine plant be employed for its preparation. The anemond pulsatilla is frequently substituted and is almost inert. Half a drachm of the genuine tincture may be given three times a day. Thus used, it is an excellent remedy for amenorrhœa. Dr. J. Brunton, (London) has found it serviceable in some forms of dyspepsia.—Med. World.

Hepar Sulphur in Diphtheria.—Under the use of a solution of this remedy in spray, even sparingly applied, the diphtheritic patches undergo a change in a few hours. The temperature soon subsides, and a general improvement in the condition takes place almost from the first application. In some cases the patches disappear entirely in a day. If the false membrane has developed rapidly before the physician has seen the patient, under the influence of the spray it will be effectual even then in arresting systemic poisoning and, sooner or later, the tough membrane will detach itself. Do not by any means allow the patient to swallow any portion of the false membrane. By gentle manipulation it can sometimes be removed without causing any irritation.

Gelsemium.—As a remedy for certain kinds of headache, it has no rival. Catarrhal headaches and those which accompany dysmenorrhœa and nervous debility from overwork, are amenable to Gelsemium. It will also conquer neuralgias of the superior branch of the fifth pair when they are not referred from neighboring inflammatory or irritated conditions. The headaches of Bright's disease may be mitigated by it, but its use in ordinary bilious or sick-headache is not attended with any success. In the early stage of acute bronchitis, when the cough is disturbing, tubes are dry, and there is pain across the chest, Gelsemium will relieve this distress, start up the bronchial secretions, thereby furnishing material for expectoration, and diminution of the inflammatory tension. The bronchial glands are not the only ones influenced by the drug. The sweat glands are also subject to its action, and, given under proper conditions, this drug is an unfailing diaphoretic. Follicular tonsillitis is usually accompanied by soreness of the throat, high fever, neuralgic pains in the head, back and legs, all of which discomforts abate rapidly with the diaphoresis induced by Gelsemium. The patient is put under blankets and is given three to five drops every hour until he sweats, or has taken fifteen to twenty drops. Acute muscular rheumatism is also amenable to this treatment. Gelsemium will allay excitable reflexes and diminish the nervousness of passive cerebral congestion, and hence writers claim good results from its use in acute meningitis. It has been recommended for malarial chills in place of Quinine. It is said to soften a rigid unyielding os, and in fractional drop doses at frequent intervals, will diminish after-pains.

For the relief of neuralgias one should give three to five drops every half hour, or every hour, according to the intensity of the pain. To produce sweating, one drop every half hour is sufficient, the patient being well covered up in bed. One drop every hour of the fluid extract will relieve the cough or discomfort of acute bronchitis.—Boston Med. and Surg. Jour.



## THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, MAY, 1889.

## GLYCERINE SUPPOSITORIES.

In order to test the efficacy of some glycerine suppositories manufactured by Parke Davis, sent to us for trial by a drug firm, we directed one of our reporters to insert one into his rectum, and to report progress. He states that almost immediately powerful peristaltic movements of the intestines were set up, and although he only resides five minutes' walk from the office, he had to accelerate his speed considerably in order to reach home in time. He says that the suppository could not be retained for a sufficient length of time to be completely dissolved, and that a copious discharge was the result. Each suppository contains 45 grains of glycerine, it is double-coned shaped, being exceedingly easy of introduction, and is covered with tinfoil to preserve it from moisture.

## RAISING THE STANDARD IN THE UNITED STATES.

It is with unfeigned gratification that we notice the determined movement which the profession of the various States throughout the neighboring Republic is making towards raising the standard of medical education.

Knowing as we do the high attainments of many of their teachers, and the thorough course of instruction given by many of their universities, we have always felt sorry to hear the M.D. of American graduates spoken of with contempt by the English and European profession. And, yet, how could it be otherwise? Twelve years ago Buchanan was selling his Philadelphia diplomas of M.D., C.M., for five pounds apiece, and he had been doing this for five years without let or hindrance. It will take thousands of first-class graduates to undo the harm which each of those bogus ones did.

According to an article in the *Druggists' Circular*, reproduced by the *Southern California Practitioner*, April, '89, a "doctor factory" has been in operation in Cincinnati for the last fifteen years. The whole course of study extends over two months only, and the fees required are \$100. There are no lectures on therapeutics, nor on anatomy, nor are there any clinical lectures; in fact there is no regular course of instruction. After two months study of dead knows what, the graduate obtains his M.D., D.V., Doctor of Medicine and Doctor of Vitapathy, whatever that may mean. Here is the address which the President made to each member of the last graduating class:

BROTHERS,—You have learned the Vitapathic system, graduated at its College, partaken of its higher sacrament and holier spiritual baptism, and are ready to take on the higher office of Vitapathic minister] We now, therefore, by the authority of our country's laws and heaven's highest power, ordain you a Vitapathic minister and physician, with full authority and power to preach the gospel of life, as contained in the great Vitapathic system, in all its fulness and power, to all people, in all worlds, in all time and eternity; to attend funerals, solemnize marriages, and to do whatever a Vitapathic minister-physician can do to comfort the afflicted, relieve the distressed, heal the sick, commune with angels, receive higher inspiration, cast out devils, raise the

dead, perpetuate existence, and make human life immortal. All power is now yours. Go and perform your duty well; and all the life and power and love of Vitapathy be with you forever.

At a university in the United States, not very far from Montreal, our second year students can go and spend a few months and come back with an M.D. diploma, which, fortunately, is not recognized in Canada.

On the other hand, there are the splendid schools of Bellevue, Pennsylvania and Harvard, elaborate and thorough in their teaching which have no different status in the eyes of the United States public than the institution we have just mentioned. The public when sick hardly even ask whether the man who is attending them is a doctor. It seems to be sufficient that he calls himself a doctor for him to speedily acquire a lucrative and prosperous practice.

What our brethren require, and what they are obtaining little by little, is State control of the licensing bodies, and in lieu of any better machinery this work has been very properly, we think, intrusted to the State Boards of Health, with the result that thousands of quacks have been driven into some less nefarious trade, or else into some other State where free trade in quackery still prevails. The next thing to do is to raise the graduating standard of the lowest University up to that of the best, and there is no better way to begin than by making it impossible to cut in an M.D. degree with less than four years of study. Then make the preliminary examinations sufficiently searching that only young men of culture and scientific attainments might be admitted to the study of medicine, thus doing away with the superficial smattering and cramming for the entrance examination now so much in vogue.

Then, and not till then will the doctor deserve and obtain the full respect of the public.

We are proud to say that nearly all these improvements have been carried out in

Canada, with the result that we have no cause to be ashamed of the graduates of even our weakest University. But something more remains to be done; instead of four years of six months being compulsory as at present, we think that the term should be extended to ten months, for every professor in a medical college knows that the lectures at his disposal are quite inadequate for thorough instruction of his class.

The University of Laval at Quebec which has private means enough to make it independent, exacts four years of ten months each, and moreover makes a substantial reduction in fees to those who first graduate in arts and science.

We understand that Dr. Osler, Professor of Medicine in John Hopkins University, Baltimore, who has done so much towards placing the Canadian profession in its present satisfactory position, is directing the same energy to a like purpose in the country of his adoption.

## BOOK NOTICES.

THE MODERN TREATMENT OF HEADACHES. By Allan McLane Hamilton, M.D. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

A TREATISE ON HYSTERIA AND EPILEPSY, WITH SOME CONCLUDING OBSERVATIONS ON EPILEPTIC INSOMNIA, by J. Leonard Corning, M.A., M.D. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

ELECTRICITY IN THE DISEASES OF WOMEN, With Special Reference to the Application of Strong Currents. By G. Betton Massey, M.D. F. A. Davis, Publisher, Philadelphia and London, 1889. Price \$1.50.

ABDOMINAL SURGERY. By Hal C. Wyman, M.S., M.D., Professor of Surgery and Operative Surgery, Michigan College of Medicine and Surgery, etc. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS. Compiled for the use of Students Preparing for Examination. By Cuthbert Bowen, M.D., B.A., Editor of "Notes and Practice." F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1888. Price \$1.40.



PRACTICAL GUIDE IN ANTISEPTIC MIDWIFERY IN HOSPITALS AND PRIVATE PRACTICE. By Henry J. Garrigues, A.M., M.D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital, etc. George S. Davis, Detroit, Mich., 1886. Price 25 and 50 cents.

THE PHYSICIANS' LEISURE LIBRARY, BRIGHT'S DISEASE. By Alfred L. Loomis, M.D. Geo. S. Davis, Publisher, Detroit, Michigan. Price, paper, 25 cents; cloth, 50 cents.

The above is a well-written scientific discussion of Bright's Disease, and is calculated to make clear for the student and practitioner many points in the study of this disease that have for so long a time been massed under this common term. He describes three varieties of the disease:

1. Parenchymatous nephritis, which has been known under the heads of tubular, diffuse, catarrhal, croupous, desquamative and glomerular nephritis.

2. Interstitial nephritis, or what is commonly known as cirrhotic, hobnail, red granular, gouty or gin-drinker's kidney.

3. Amyloid kidney, or what has been known as waxy or lardaceous kidney.

There is a very readable article upon uraemia and albuminuria. Reference is also made to the cardio-vascular changes, retinal changes and tubercles. In acute Bright's Disease he advises the employment of digitalis primarily, claiming that above all it has the greatest efficiency. The book, on the whole, is one that is fitting to the position it occupies, a companion to the other valuable little works that Mr. Davis has given to medical literature under the name of the Physician's Leisure Library.

THE PREVENTIVE-TREATMENT OF CALCULOUS DISEASE, AND THE USE OF SOLVENT REMEDIES. By Sir Henry Thompson, F.R.C.S., M.B., Lon. Surgeon Extraordinary to His Majesty, the King of the Belgians; Consulting Surgeon and Emeritus Professor of Clinical Surgery to University College Hospital; Fellow of University College; late Professor of Surgery and Pathology to the Royal College of Surgeons; Honorary Member of the Société de Chirurgie of Paris, etc.

Is there not a period in the history of the process which leads to the formation of renal and vesical calculi, whether in the condition of gravel, concretion, or stone at which it might be possible to prevent the development of a considerable deposit and the necessity for mechanically removing it? This important question is formulated by the most eminent authority upon the subject involved, Sir Henry Thompson, and he accompanies the question with a full and satisfactory answer in the affirmative, in a short book of 50 pages which is included in the May issue of Wood's Medical and Surgical Monographs. Admitting that renal and vesical calculi which are formed by diseased action of the bladder are only amenable to mechanical treatment, he demonstrates that the formation of uric-acid calculus can be checked at almost any stage of the complaint, and rendered impossible, if proper treatment is adopted. His consideration of the subject is concise though full, and eminently

practical, and will undoubtedly afford a revelation to many regarding the susceptibility of this affection to medicinal treatment.

THE INTESTINAL DISEASES OF INFANCY AND CHILDHOOD. PHYSIOLOGY, HYGIENE, PATHOLOGY AND THERAPEUTICS. By A. Jacobi, M.D., President of the New York Academy of Medicine; Clinical professor of Diseases of Children in the College of Physicians and Surgeons, New York, etc. 1887. Geo. S. Davis, Detroit, Mich.

As the season of the year during which diseases of the intestines in children are so prevalent is rapidly approaching, this little volume by such a renowned author cannot fail to prove highly interesting to our numerous readers. The writer informs us that of all the fatal affections which occur in the first year of life, forty per cent. are diseases of the digestive, and twenty per cent. diseases of the respiratory organs. In the second year the main cause of death changes entirely. For of forty-five deaths from the two causes in that year, but nine are due to diseases of the digestive, and thirty-six to affections of the respiratory organs. Mortality diminishes with every day of advancing life; every additional hour improves the baby's chances for preservation. Almost one-half of the infants who die before the end of the first year, do so before they are one month old. The causes of the disease are the more active the earlier they are brought to bear upon the young with their defective vitality. Two grave conclusions are to be drawn from this fact. The first is, that diminution of early mortality depends upon avoiding diseases of the digestive organs by insisting on normal alimentation. That is particularly important in the first few months. The second conclusion is the following: That the hygienic rules for infants concern the digestive organs mainly, so much so that infant hygiene and the hygiene of the digestive organs in infants appear to be nearly identical. The book proves most interesting and is eminently practical.

THE MODERN TREATMENT OF PLEURISY AND PNEUMONIA. By G. M. Garland, M.D., Instructor in Clinical Medicine, Harvard Medical School. 1888. George S. Davis, Detroit, Mich.

This little work deals in a very able manner with the treatment in a modern fashion of these two very important (because so frequent in occurrence) diseases. The ancient treatment of pneumonia, Dr. Garland says, has varied with fashion. He divides it into six categories, viz., depletive, supportive, expectant, antipyretic, antiseptic, symptomatic. He discusses all these methods more or less briefly, spending some time on the antipyretic and its statistics. But one of the six receives any commendation,—the supportive, which, combined with the symptomatic method "forms the only satisfactory treatment thus far devised." Early in the disease the author sees no objection to the use of opium in full doses, and thinks it certainly "a wise and humane proceeding," and one which "can produce nothing but benefit to the patient." Later in the disease he admits the danger of its use. He also condemns poultices unless they are properly applied and is as hot as the patient can bear them. He says poultices do not shorten the disease,

but they may alleviate pain. For sleeplessness Dr. Garland has no sure remedy. Bromides and ice-bags to the head might be tried. In delirium, alcohol and morphine for known alcoholics; carbonate of ammonium, tonic doses of quinine, 2 or 3 grs. a day, and liquid food. Strophantus promises to be a better heart tonic for pneumonia than digitalis, because it is more sedative to the nerve-centres. In sudden collapse, brandy and ammonia hypodermically and heat locally. Calomel the author uses as a laxative in the early stages and gives "all the water and ice the patient desires." We have only spoken regarding pneumonia, but the management of pleurisy, as detailed by this author, will probably give some very new and valuable ideas on the subject to our readers. We can heartily recommend its perusal.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. The contents of March number are as follows: Neurasthenia and its Treatment, by Dr. H. Von Ziemssen; Antipyresis and Antipyretic Methods of Treatment, by Dr. H. Von Ziemssen; The Tongue, as an Indication of Disease, by Dr. W. H. Dickinson; On the Treatment of Cystic Goitre, by T. M. Hovell, F.R.C.S.; New Remedies from 1878 to 1888, by Dr. C. Cauquil; Index for Vol. 1. Contents of April number: On Diabetes and its Connection with Heart Disease, by Jacques Meyer, M.D.; Blenorrhœa of the Sexual Organs and its Complications, by Dr. Ernest Finger. Published monthly. Price, \$10.00 a year; single copies, \$1.00. April, 1889. William Wood & Co., 56 and 58 Lafayette Place, New York.

Among the many other advantages which the practitioner of to-day enjoys which those who preceded him did not possess is that of cheap and good medical literature. For less than two dollars he can purchase in the above form a splendid stiff paper and in large clear type, seven modern medical works. Some of these books were written by leading French and German authors and might therefore have remained sealed to the majority of readers were they not placed before them in English. The selection of subjects is opportune and the translations have been made in a peculiarly easy and acceptable manner. The limits of space prevent us from giving even a synopsis of these books, but if any of our readers will send one dollar to Wm. Wood & Co., and ask for the March number, they will be able to judge for themselves whether twelve such books are not worth the ten dollars charged.

**SPRAINS: THEIR CONSEQUENCES AND TREATMENT.** By C. W. Mansell Moullin, M.A., M.D., Oxon., F.R.C.S., Eng. Assistant Surgeon and Senior Demonstrator of Anatomy at the London Hospital; formerly Radcliffe Travelling Fellow, and Fellow of Pembroke College, Oxford.

Sprains, and the consequences which may be regarded as directly and immediately dependent on them, form a subject of great interest, for it has been said, and not untrue, that in all probability half the crippled limbs and stiffened joints that are met with every day, date their starting point from the occurrence of some apparently trifling accident of this description. Few injuries are

treated with so little consideration as sprains. It is impossible to overlook wounds, owing to the bleeding and pain that accompany them. Fractures, it is understood, require rest and care; but sprains, in which the tissues are torn to such a degree that the damage is far more serious than in many fractures, merely because they are so common, are considered of little or no consequence; a fracture being regarded as serious, a sprained joint as quite a trivial matter.

It is true that a large number of sprained joints get well of themselves, or under ordinary domestic treatment; a few, it must be admitted, in spite of it; but even in the young and healthy, it is not unusual to find the action of the joint seriously impaired. Or without the joint itself being injured, the muscles and tendons may be strained, and give rise to stiffness or weakness that lasts for years.

This is not a subject calculated to interest the specialist in orthopedies alone, but is one that comes home to the physician in his every-day practice.

About 200 pages of the May issue of Wood's Medical and Surgical Monographs are devoted to Dr. Moullin's masterly treatise, and if his efforts serve to awaken an appreciation of the gravity of these injuries, and convey the necessary information to insure suitable treatment for them, he will indeed accomplish a good work. It would seem that his book should fulfil this mission, for it considers the subject in all its aspects, and he has apparently omitted nothing necessary to make the work an indispensable adjunct to the working library of every physician.

## PAMPHLETS RECEIVED.

The following pamphlets have been received. The authors of them would probably be pleased to send a copy to any one interested who will send his name and address coupled with the request to do so.

Gonorrhœal Diseases of the Uterine Appendages. By Joseph Price, M.D., Philadelphia.

A Report of Two Cases of Extra-Uterine Pregnancy. By Joseph Price, M.D., Philadelphia.

On Some Mild Measures in the Treatment of Intra-Nasal Hypertrophies and Inflammations. By W. H. Daly, M.D., Pittsburgh, Pa.

The Question of interfering with the Abscesses of Hip Disease. By A. B. Judson, M.D. Orthopædic Surgeon to the Out-Patient Department of the New York Hospital. Reprinted from the New York Medical Journal for March 2, 1889.

A Consideration of Some of the Recent Work in Abdominal Surgery. By Joseph Price, M.D., Philadelphia, Pa. Physician-in-charge of the Preston Retreat; Fellow of the American Association of Obstetricians and Gynecologists.

On the Relation of the Nasal and Neurotic Factors in the Etiology of Asthma. By F. H. Besworth, M.D.; E. L. Shurly, M.D.; W. H. Daly, M.D.; Andrew H. Smith, M.D. Reprinted from the New York Medical Journal for January 19, 1889.

Conservative Gynecology. By Horatio R. Bigelow, M.D. Permanent Member of the American Medical Association; Life Fellow of the British Gynecological Association; Member of the Anthropological and Biological Societies of Washington, D.C., etc.



# The Canada Medical Record

VOL. XVII.

MONTREAL, JUNE, 1889.

No. 9.

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## Original Communications.

### GYNECOLOGY AND OBSTETRICS.

By A. LAPHORNS SMITH, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal. Attending Physician to the Women's Hospital.

A case of prolonged gestation extending over a period of 334 days is reported by Dr. Merom Maus in the *N. Y. Medical Journal*, May 11th, 1889. He says: "On account of the protraction of pregnancy and her immense size, I fancied that hydrannios might be the cause of her retarded labor, and made preparation to aspirate the amnion, but abandoned the attempt on account of the difficulty of inserting the aspirator." The lady menstruated on the 13th May and was delivered on the 14th April. According to the tables in our visiting lists she should have been relieved on the 21st February. According to Matthew Duncan's method, and taking the last day of menstruation as 17th May and adding 278 days, this pregnancy should have come off on the 23rd February. I have referred to this case for a double reason. First, to record my own experience, which is that I have found that the majority of labors come on later than either the tables or the above rule for calculating would indicate. A recent writer, whose name I forget, advises when in doubt to tell the

woman a later date rather than an earlier one, for the reason that if it comes on a week or two sooner than she expected she will be so glad that it is all over that she will forgive you, while if it comes on a couple of weeks later than the date fixed she will be worrying about it constantly. The other reason is to call attention to the time of conception, which may sometimes be a very important question. Menstruation has been defined as the funeral ceremony of a dead ovum. Is the definition a correct one? If it is, then we may consider a woman who has just menstruated as being safe from conception until the next menstrual period. In other words, does conception take place just before or during or just after a menstrual period? I think that the evidence all points to its taking place just before the period. So that if the egg arrives in the uterus already fertilized, or is impregnated on arrival there, it lives and there is no funeral. But if it is not impregnated it does not become attached to the nest prepared for it but dies and the lining membrane comes away generally in the form of liquid debris, but sometimes as an entire cast of the uterine cavity, as was shown by Dr. Allan at a recent meeting of the Medical Society.

Another point arising from this is suggested by a series of letters and articles in

the American journals on the prevention of conception. There is no question but that education has so impaired the physical constitution of woman that she is no longer in many cases fit for the purposes of bearing and bringing up children. Every doctor has felt his heart touched with pity at the sight of such women dragging out a wretched existence under continual pregnancies; I for one believe them when they say that life is a burden to them. And yet, what can we do for them? It is not only morally but legally a crime to interfere with conception when once it has taken place, even if only a few days old, and in this country, at any rate, there are few practitioners so desperately low as to knowingly produce an abortion without some vital necessity, such as to save the mother's life. It is also morally a crime to avoid conception by resorting to any of the many means in vogue for preventing the fertilizing fluid from reaching the ovum, and no Christian medical man can advise such proceedings. But there is nothing in the law of God or of man forbidding abstinence from intercourse, and we are quite justified in advising our patients to abstain for ten full days previous to the periods. If the spermatozoa live less than ten days, and if menstruation is the funeral of a dead ovum, then conception will not take place if there is no intercourse during the ten days previous to the rupture of the graafian follicle.

Ahfeld of Leipsic has recently published a book on the best method of managing the third stage of labor. Of course he treats the subject exhaustively, but the general principle which he advocates is to let the placenta alone as much as possible. He says that by following the waiting method the unavoidable hemorrhage will be reduced to less than an ounce in primiparæ and a little over an ounce in multiparæ. I can corroborate his statement by my own experience. The more I abstain from interfering the better do I find the labor pro-

ceed. I have, by exercising great self-control, reduced the number of digital examinations to one or two per case. By cultivating external palpation one might do away with the digital examination of multiparæ altogether. Seeing that the idea of auto-infection is entirely exploded and that we now know that puerperal fever is septicæmia, it would be a great matter to remove from women the danger of being infected by their attendants; and the best way to do so is to examine her as seldom as possible, and then use the most rigid disinfection of the examining finger.

In my reports on gynecology I have not said anything for a long time about Apostoli's method. Nevertheless I have been using it daily and with fair success, only one out of fifteen cases failing to get permanent relief, and only two others who have not been symptomatically cured. But I prefer to lay before you the testimony of others. For instance, in the April number of the English *Lancet*, page 412, Dr. McClure of the Conner Cottage Hospital reports three cases illustrating the treatment of uterine and peri-uterine diseases by Apostoli's method. "Mrs. M., aged 35, married eight years, no children. Bleeding myoma. Sound four inches. Uterus fixed. Woman has blanched and seemed at death's door, after fifteen applications of a little over 100 milliamperes each to the interior of the uterus, the patient expressed herself as being quite well; better than she had been for years. The uterus was freely movable and much diminished in size. The periods became normal, with very little pain, and the nausea and vomiting was completely relieved. The bowels became regular and the sleep and appetite good. Still quite well a year later.

2nd case. 35, single. Parametritis of two years standing, involving the uterus and appendages. Suffering extreme, and she said she was never free from pain. Two large nodulated masses could be felt exter-



nally, reaching well out of the pelvis. The uterus was firmly fixed. Sound passed three and a half inches. Fine wire faradism was used for five minutes, three times a day, with the result of keeping her free from pain—after a few days a negative intra-uterine galvanism—20 milliamperes, for five minutes, after the sixth application the patient was able to walk about without pain. Negative puncture, a current of sixty milliamperes for three minutes once a week for three weeks, then four positive intra-uterine applications of 80 milliamperes, with the result that the tumor had become smaller and the uterus movable.

3rd case. Single, 25 years, ovarian pain and tenderness; amenorrhœa of six months' duration; obstinate constipation; faintness and dyspnœa, with sudden distension of the abdomen. She was treated with fine wire faradism, the bipolar vaginal electrode, and before the current had passed five minutes she expressed herself as being free from pain, and pressure could be borne in both ovarian regions.

After eight applications of faradism, and five applications of static electricity, extending over two months, she was discharged quite well, the catamenia having come on in the mean time.

Dr. McClure terminates his report as follows:—In the first case, the only other alternative in regard to treatment would have been removal of the appendages, or hysterectomy. I believe that in electricity we possess quite as certain a means of controlling hæmorrhage, and in this case, if not of absolutely curing the patient, at least of getting rid of all troublesome symptoms. In the second case the patient was not a good subject, having had hæmoptysis, yet she was much benefitted.

The last patient presented a most severe manifestation of hysteria and ovarian neuralgia lasting over a year, and uninfluenced by ordinary treatment. Apostoli's methods, as I have seen them carried out in Paris, were strictly adhered to, the antiseptic

douche being used before and after each application."

As I lay down the *Lancet* and pick up the *Philadelphia Medical News*, the first thing that strikes my eye is a well written article by Dr. Horatio Bigelow, in which he gives the heartiest endorsement to Apostoli's method and his work at his clinic in Paris. He stands up nobly for Apostoli's method, and treats with scathing contempt those who, without even taking the trouble to investigate for themselves, have dared to condemn his method or to doubt his honesty. Everything there, he says, is straightforward and above board, and he gives the names of several distinguished professors and practitioners who were fellow investigators with himself during an extended period, who were all thoroughly satisfied that Apostoli's method, in Apostoli's hands, at least, is quite capable of doing all that he claimed for it. For my own part, although I have used it under difficulties and in cases selected for their badness, it has NEVER failed to, 1st, arrest hæmorrhage; 2nd, to relieve pain, and, 3rd, with few exceptions, to reduce the size of the tumor.

By last European mail I received a complete defence of Apostoli's method, in the form of a monograph, by Dr. La Torre, of Rome, giving his experience with a great number of successful cases, while the veteran Noeggerath, of Wiesbaden, sent me a powerfully written article which appeared in the *Berliner Klin. Wochenschrift*, entitled, "Zur Theorie und Praxis der elektrischen Behandlung der Fibroide des Uterus," and Dr. Deletang, of Nantes, sends me a reprint of his admirable paper read before the Academy of Medicine of Paris. Can it be possible that so many able men could, without combining intentionally, deceive their brethren. I, for one, cannot believe it, and although Apostoli may be enthusiastic, it must not be forgotten that he has many hundreds of sincere and ardent followers distributed over nearly all the civilized countries of the globe.

## CASE OF LARGE FIBROUS POLYPUS TREATED WITH ELECTRICITY.

By A. LAPHORN SMITH, Lecturer on Gynecology.  
Bishop's College.

Mrs. H. was carried into my office on the 18th of January by Drs. Cleroux and Caisse and her husband. She was brought from her home a mile distant in a sleigh, but she was in such an exhausted condition that she was on the point of fainting on arriving, and she had to rest on the sofa for half an hour before she could be placed on the examining table. Her complexion was of that waxy hue which told of frequent and prolonged hemorrhage. Her pulse was rapid and weak and her breathing hurried. Her history was as follows: Began to menstruate at the age of thirteen, always without pain and never lasting more than three days. She was married at the age of seventeen, first child at eighteen, and one every year after until she had four in all. After a proper interval she began to menstruate regularly and so continued until two years ago. When she was forty years of age her periods stopped for four months, at the end of which time she was taken with severe pain, like labour pains, and a terrible hemorrhage came on which lasted eight days, large clots coming away and from which she nearly died. Her regular medical attendant being absent in Europe Dr. Gagnon was called in, and on examining her found a large tumor occupying the vagina which it completely filled. The diagnosis was confirmed by Dr. Durocher on his return, but as medical treatment failed, and she had several other hemorrhages, Dr. Brosseau, a leading surgeon, was called in to operate. The latter found it was attached to the uterus by such a large pedicle, and the patient lay in such a state of extreme exhaustion, that he was compelled for the time to abandon the operation.

On examination I found the vagina filled by a large round or pear-shaped tumor about four inches in diameter at the

largest part, and the finger could be introduced with difficulty between it and the cervix uteri which surrounded it.

The uterus was found by the bimanual to be a little enlarged and flabby. The growth was found to be attached by a large base to the right side of the cavity for a considerable distance up. I at once told my confreres that I did not consider the case a suitable one for electricity, but with their permission I would arrange to remove it with the cold wire *ecraseur*, whereupon they informed me that the permission was not theirs to give as they only held the case in trust, their connection with the case being as follows: Dr. A. was called in during the absence of Dr. B. Dr. B. was the family physician who discovered the polypus and treated it until he called Dr. C., an eminent surgeon, in consultation with a view to operating.

All preparations were made, but on the day appointed she was almost pulseless, and apparently so near dying that the doctors in attendance did not dare to give her an anæsthetic.

Drs. D. and E., who lived near her, were called in a few nights later to stop a terrible hemorrhage and to try and keep her alive, which they succeeded in doing.

Drs. B., C., D. and E. decided that a few galvano punctures should be tried, with a view of diminishing the vascularity of the tumor, in order that the hemorrhage might be temporarily stopped, so as to give her a chance to pick up sufficient strength to undergo the operation. They therefore sent her to Dr. F., who has had considerable experience with Apostoli's method. He was not prepared to undertake the case, and recommended her attendants to bring her to me, which Drs. D. and E. and her husband did, as above stated. But it will be understood now why I was compelled either to treat the case with electricity, or not to treat it at all.

TREATMENT.—January 18—Negative galvano puncture, 150 milliamperes, 5 minutes,



followed by the positive current for three minutes, to prevent bleeding on withdrawal of the platinum trocar.

January 24—Galvano puncture, 40 milliamperes + three minutes. There are now two scars on the polypus; she feels much stronger, and the profuse leucorrhœa has stopped.

January 26—Galvano puncture, 50 milliamperes + 10 minutes. The two scars from the first negative and the second positive puncture were beautifully contrasted, side by side, on the polypus. The negative was yellowish white, soft, shiny and diffused; the positive is black, leaden and shrunken. She has improved immensely in appearance and strength, being able to walk without assistance from the sleigh into my office.

February 2—Galvano puncture, 30 milliamperes + 11 minutes. Trocar inserted half an inch into tumor.

February 6—Galvano puncture, 40 milliamperes + 10 minutes.

February 11—Galvano puncture, 100 milliamperes + 10 minutes.

February 13—Galvano puncture, 50 milliamperes + 10 minutes. The leucorrhœa has returned rather profusely.

February 16—Galvano puncture, 35 milliamperes + 14 minutes. She eats enormously; sleeps better than she has done for a year; only passes water twice a night; bowels regular; profuse leucorrhœa returned; beginning to have a natural color; polypus almost half its former size.

May 6—Patient not having returned for treatment, went to inquire after her to-day, and found her in robust health, with red lips and full face. She has menstruated once since; the bleeding being a little too much, was easily arrested by a tampon.

She has had no leucorrhœa since, and has no trouble with her water or bowels; neither does she find the slightest inconvenience from the tumor. What she feels most grateful for is that she now sleeps the whole night through, whereas before the electrical treatment she never, during a

whole year, had so much as one whole hour of sleep. (This is one of the most constant results of the application of the continuous current.)

It is difficult to say sometimes how much a growth has diminished in size when it cannot be seen; but in this case the fibroid could be seen to diminish so much that at the last application it was small enough to allow its whole diameter to come within the blades of the Cusco's speculum, which I am positive it could not do at the first seances.

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## Correspondence.

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### OUR VIENNA LETTER.

(From our own Correspondent.)

DEAR EDITORS,—

As far as I can judge there has been no important change in things medical since I visited Vienna three years ago. The work and teaching are still centered in and about the old Municipal Hospital so well known to the world of medicine. There is still the busy rush of teachers, students, patients, nurses, and other employees of all sorts which constitute the inhabitants of the *rus in urbe* that makes up the Allgemeines Krankenhaus. I settled down at its gates when every course was crowded, and am leaving as the tide of students begins to ebb in other directions. As you may be interested to know something about Viennese post-graduate studies, I shall, in accordance with my promise, say something about them.

To begin with, as everybody knows, it is the concentration of the numerous kliniks of the University within the grounds and immediate neighborhood of the Krankenhaus that forms its chief attraction, making it possible to furnish both practical and theoretical teaching of a kind to be found nowhere else in the world. For the general practitioner, limited as to time, I can say with confidence that Vienna is unexcelled by other teaching centres in Europe or America.

Not only can instruction of the most practical kind be had upon almost every possible medical subject and sub-division of subjects, but one is not obliged, as in most other cities, to seek it in widely scattered and separated schools and hospitals. Not only that, but by common consent the convenience of the student is studied in having the classes at hours which do not clash. In this way work begins at 8 a.m., and does not terminate in some instances until 8.30 p.m.

It is rather annoying, as in most cities, to find that every klinik is crowded in between the hours of 9 a.m. and 1 p.m., or from 9 to 2, thus making it impossible for students to distribute the work upon different subjects, (or work on one or two subjects only among several teachers) over the whole day. Again, as may be easily imagined, such an immense number of patients (2,500,) as the hospital contains usually within its walls, makes it easier to see rare and interesting cases. As a matter of fact, one comes across more out-of-the-way diseases in this hospital than in any other one I am acquainted with. Another point sometimes lost sight of in considering the value of this unique hospital is the large number of deaths that occur in it, and since, for various reasons, autopsies are held upon everyone dying in the hospital, it follows that the pathological and anatomical institutes as well as numerous classes giving operative courses upon the cadaver are abundantly supplied with a great variety of material. It follows, accordingly, that one may study almost any subject connected with medicine and surgery in its various respects and under different teachers, or he may combine it with partial study of some other subject, or he may divide his whole day or week into 3, 4, 5 or 6 convenient sections, and devote one or more of them to corresponding subjects in any combination he pleases, and all this work may be carried on in buildings within five minutes walk of one another.

An example of this may perhaps show

the advantage of study in the Austrian capital. It so happened that I desired to study specially certain sections of otology, laryngology and ophthalmology. Accordingly I found no difficulty in obtaining a seat in the Anatomical Institute from 9 a.m. to 12.30 p.m. daily, where under one of the assistants of Prof. Toldt, I went carefully into the minute and gross anatomy of the eye, the ear and the naso-laryngeal tract. In the afternoon of certain days of the week I attended the admirable course given by Chiari upon the throat, an operative course (such as one gets nowhere but in Vienna,) upon the eye, the cadaver being chiefly used, and Prof. Gruber's course upon otology. At other times I dropped a portion of the foregoing and took a place in Urbantschitsch's course, upon the ear and Dr. Klein's ophthalmoscopic course. During intermediate hours I visited other kliniks in which I was interested.

There is no reason why a student should not attend in the same way any other course or courses such as the excellent and practical surgical, obstetrical, and medical classes presided over by teachers of world-wide reputation. The large Gebär-Institut offers, I understand, admirable chances of acquiring a sound knowledge of obstetrics. In this department of teaching, diagnosis by external palpation and manipulation has become almost a specialty of Vienna, and these so called "touch courses" are very popular. The pathological institute also must be seen to be appreciated, with its extensive P. M. rooms, laboratories and lecture rooms. There the pathology of almost every known disease including, of course, its proper bacillus, (for it is a poor disease that cannot now-adays boast of its own special parasite) may be studied. The beautiful new building of the Anatomical Institute is also admirably fitted up for the accommodation of the hundreds of students who study there. The courses of the University are of two kinds, 1st Semetre courses, that is, courses usually given by the regular pro-



fessor on ordinary subjects to junior students of medicine going up for their degrees. They last the whole semester, or term, just as with us, and the fees for attending them are trifling. 2nd. Short courses of from four to six weeks duration, delivered commonly by extra-ordinary professors, first assistants and private docents, and almost universally attended by graduates in medicine. These last form the chief attraction for foreigners, and I may say that the English speaking attendants upon favorite courses of this kind form from 50 to 75 per cent. of the whole class. Of the subjects thus taught to post graduates the throat courses are taken, all in all, the best. Vienna, without question, bears off the palm in opportunities for studying laryngology. Under Profs. Schnitzler, Schrobber and Chiari one may find exceptional opportunities for becoming acquainted with those diseases which attack the visible portions of the respiratory tract as well as their pathology, their progress, and their treatment. Furthermore, each student is himself allowed to treat the patient, and in Chiari's and Schnitzler's kliniks he is, after some months' attendance, allowed even to remove growths from the larynx itself. Diseases of the ear may be thoroughly studied under Politzer, Gruber, Urbantschitsche and others, and although I feel certain that for advanced students even these excellent courses are not equal to Hartmann's klinik in Berlin. Yet the latter is too small to accommodate the large number of medical men who flock to the Vienna kliniks. I was very much interested *inter alia* in Prof. Urbantschitsche's experiments with hypnotism in the treatment of diseases of the ear. He found it exceptionally valuable in certain forms of persistent tinnitus not amenable to other remedies. I saw him demonstrate its value on several patients suffering from this annoying and distressing symptom, and although he spoke guardedly as to its application generally, seemed to think there was an opening for it in the therapeutics

of neurology apart from hysteria and hysteroid affections.

The electric lamp, for illuminating some cavities of the body, is also being employed in Vienna. To Leiter, the instrument maker here, and to several ingenious American doctors, Dr. Hewitt, of Montreal, among the number, the credit is due for its introduction into laryngology (for tracheoscopy particularly), rhinoscopy and otology, just as Dr. Hurry Fenwick's name may be associated with Leiter's in similar exploration of the bladder.

In the eye, with the exception of the operative courses on the cadaver, Vienna falls behind Berlin in its opportunities for study, just as Berlin is again inferior to London in the same department. However, the Klinik of Profs. Fuchs (a very kind, gentlemanly teacher, and a speaker of excellent English), Stellwag, and others, have a large amount of material, and I have no doubt beginners would profit by them even more than the advanced student of ophthalmology. I am sure the old friends of Frau Gailey will be pleased to hear that she is still alive and well and attending her *clientele* as usual. Those who have never seen the lady in question will be interested to know that she is a valuable assistant to the teachers of laryngology in Vienna, although for obvious reasons her name does not appear in the university calendar. For a slight consideration she will show beginners, upon her own person, how to introduce and use the laryngoscopic and post nasal mirrors, and after a few lessons will permit them to use the laryngeal sound and even extract foreign bodies, such as peas, etc., previously introduced below the epiglottis. She has been a most valuable help to most students of diseases of the throat in Vienna, and has a world-wide reputation. The absence of "sweet girl graduates" from the Vienna kliniks was marked last session. In all, I do not think there were more than five or six, and even they did not remain one-half the time.

Such being some of the advantages of the *Wiener Universität*, it is only fair to speak of some of its disadvantages, if I am to give a dispassionate view of the subject. To begin with, the courses, in the height of the season (Sept. to March) particularly, are over-crowded. Some practical courses, presided over by one teacher only, are attended by 30 or 40 students—much too large a number to obtain that individual teaching so desirable in practical study. In courses equally popular that are limited (to 10 or 12 students) this is remedied, but owing to the demand for seats it is almost impossible to get one without applying all the way from three to six months in advance. Then, again, as most of the individual teaching and all the lecturing is given in German, and as the uneducated patients, whom it is commonly necessary to interrogate, usually speak a villainous *patois* that passes for German, it is requisite to have some familiarity with the language.

Finally, Vienna is not only an expensive place to live in, but the fees of these monthly classes mount up to a respectable sum in the course of three or four months, especially as the amount charged for them have lately advanced, in obedience to the inexorable laws of supply and demand, about 25 per cent. in nearly all courses. An annoying and ridiculous form has to be gone through by every one studying in the Vienna University which differs from the formalities preceding one's entrance into the University of Berlin in that the latter body compresses the proceedings into a few days, while the former insists upon their being repeated *ad nauseam* every time a course is taken out. I will not worry you with a recital of them; you may first imagine a "cross" between a Canadian custom house entry and the registration of a notarial deed. That sort of masquerading is all well enough for undergraduate students, but is irritating beyond measure to bearded Anglo-Saxons, to whom life is short and time is fleeting, but then the time of the

average Austrian is apparently not very valuable. However, I profited and enjoyed my life in the *Kaiserstadt*, with its beautiful university and other handsome buildings, and its wide, handsome streets, not to mention its life, an odd mixture of earnestness and frivolity, modified by the bad element of a southern immorality.

Drs. A. W. Campbell and Hewitt, of Montreal, as well as Drs. T. Melville Hardie, Trow and Thorburn, of Toronto, are among the Canadians "pegging" away at laryngology and associated "ologies."

C. A. W.

Vienna, March 8, 1889.

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## Society Proceedings

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### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, May 17th, 1889.*

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

The resident staff of the Montreal General Hospital were proposed for membership in the Society.

Dr. Buller showed a boy who had come to him suffering from a severe injury to the eye, caused by a piece of stick which was thrown at him, and which had cut through the whole of the cornea and a part of the sclerotic. There was injection of the vessels at the angles of the wound and other evidences of threatening sympathetic ophthalmia, and he therefore decided to remove the eye, which he did by the method of Mr. Mule, which consists in inserting—with the strictest antiseptic precautions—a glass globe within the relaxed sclerotic, and then sewing the latter and the conjunctiva over it, thus keeping the eyeball full and round and offering the best possible stump for an artificial eye. The operation was eminently successful, it being almost impossible to detect the artificial from the sound eye. Dr. Buller removed the artificial eye, when the members were able to feel the glass globe inserted under the sclerotic.

Dr. Stewart then exhibited a case of pseudo-leukaemia, in which there was an enormous development of the lymphatic glands of the neck and axilla, but not of the groin which had first shown itself 10 months ago. No changes could be detected either in the spleen or in the blood. He had been giving him Fowler's solution for several months in gradually increasing doses, having reached 10 drops



three times a day without, however, producing the slightest benefit. In reply to Dr. Smith, there was no history of lung trouble. In reply to Dr. Shepherd, he had not taken his temperature (it was found to be normal).

Dr. Shepherd said that an elevation of temperature in these cases was an evidence of Hodgkin's disease, in which cases he declined to operate. He had operated on several cases formerly, but he found that the death of a patient was accelerated rather than retarded thereby.

Dr. Roddick said he had also operated on one such case, and his experience had been the same, the disease having made more rapid progress after the operation, the spleen eventually becoming affected and dropsy setting in.

Dr. Bell thought that it would be well to remove one of these glands for microscopical examination, as there was no other means of making a positive diagnosis—if they were found to be tubercular they should be removed.

Dr. McConnell concurred in this view.

Dr. Bell showed the intestine of a man who was arrested for drunkenness and taken to gaol on the evening of the third of May. As he was complaining of great pain in the abdomen, he was given an anodyne and placed in the gaol hospital, but was found dead in his bed next morning. At the autopsy he was found to have died from a rent in the intestines situated about three feet from the ilium, although at the coroner's inquest a verdict of death from congestion of the lungs was rendered. The reason why Dr. Bell thought that this accident was due to violence, was because there was inversion of the mucous membrane of the intestines, a condition which was only found in traumatic injuries of the bowels. He referred to several recorded cases of similar injury, in which it was known to be due to external violence, such as a kick from a horse, and in which there were no marks of violence on the abdominal wall.

Dr. Laphorn Smith said that he had no doubt whatever but that this was a case of traumatic perforation, as pointed out by Dr. Bell. The man had probably received a kick on the abdomen from a heavy boot which had burst the intestine. The fact that no injury was to be found in no way militated against this view, as it was well known that all the organs in the abdomen might be lacerated, or even disorganized without the skin showing any marks of violence.

Dr. Gardner also corroborated this statement.

Dr. Buller said that if this had been an ulcer perforation the opening in the mucous membrane would have been larger than the opening in the peritoneum, in this case it was just the contrary.

Dr. Major showed two rhinoliths which he had removed from the nose of a little girl in

whom it had caused an intractable catarrh, and the other consisting of a piece of peapod encrusted with phosphates, from the nose of a cook.

Dr. Laphorn Smith recalled two cases which he had shown to the Society some years ago, one of them being a shoe button which he had removed from the nose of a girl of 14 years where it had lodged 12 years before, and in whom it had caused such an abominable ozena as to necessitate her being kept in another part of the house. The other was that of a child two years old in whom a piece of wood about a quarter of an inch thick and half an inch long had been pushed into the nostril and had become very much larger by the absorption of moisture, and which he had removed with the greatest difficulty.

Dr. Finlay showed a specimen of what appeared to be cancer of the pylorus, but in which he had been unable to find a confirmation of the diagnosis by the microscope.

Dr. Stewart said that there was no pain in the case, even after the tumor was apparent though the abdominal walls, neither was there any dilation of the stomach. This could probably be explained by the fact that vomiting occurred immediately after eating. She complained frequently of giddiness. There was an entire absence of hydrochloric acid from the gastric juice.

Dr. Blackadder thought that the absence of hydrochloric acid was rather due to the fact that the vomiting took place before there was time for the acid to be secreted, rather than to the nature of the disease.

Dr. Shepherd showed a remarkable abnormality of the aorta.

Dr. Major read a paper on adenoid growths of the naso-pharyngeal cavity, and described his method of operating in the recumbent position, by means of which blood is prevented from entering the larynx. He places the patient on the back with a pillow under the shoulders and the head thrown well back so as to make the naso-pharynx the most dependent part. He generally employs curettes of various patterns, and where the vegetations occur high up in the roof he uses adenomatomes. He considered that in diphtheria the presence of adenoid vegetation was a source of aggravation and danger. He believed that nocturnal enuresis was somewhat common in children suffering from extensive adenoid growth. Dr. Major had operated on 186 patients under ether but has no record of cases ever without.

Dr. Buller quite agreed with Dr. Major as to the marked improvement in health of children after the removal of obstructions in the air passages. He had, however, generally found that the fingers alone sufficed to remove these adenoid growths. As the operation took such a short time he thought that gas was more suitable

than ether, because there was less bleeding and less tendency to vomit.

Dr. Reid did not think that incontinence of urine depended so much on mouth breathing as some believed, for he had frequently seen the incontinence cured while the mouth breathing remained.

Dr. Blackadder also doubted whether there was any intimate connection between these two, as he had frequently seen the one without the other.

Dr. Shepherd, while admitting that there might be sometimes connection between the two, it was very undesirable to make such broad statements that one condition always caused the other.

Dr. Shepherd reported a case of sublingual dermoid cyst which he had removed from a girl by the aid of cocaine. First he had thought that it was a serous bursa between the geniohyoglossus and myelothoid whence he enucleated it—it contained sebaceous matter. Sometimes these cysts extend very far back.

Dr. Bell said he had removed two dermoid cysts, one from the mammary gland and the other from the back.

Dr. Buller said that Dr. Shepherd was fortunate in finding the walls of the cyst so thick, as he had nearly always ruptured them when removing them from the neighborhood of the orbit.

## Progress of Science.

### GRANULAR EYELIDS.

A valuable ointment for this condition is composed of two grains of the yellow oxide of mercury to one-half ounce of simple ointment.

### ANODYNE LINIMENT.

As an anodyne liniment, the following is recommended by Dr. Brubaker: R. Chlor. hydr., 3 ij, liniment saponis, f 3 iv. M. Sig. Rub on the affected part.—*Med. Digest.*

### CHILBLAINS.

Dr. R. Nicholson gives the following formula for chilblains, and claims that he has never been disappointed in its use. Spirit camph.; tinct. opii, aa ʒii; acid carbol., gr. xl; spirit vini, ʒiv; aquae, ʒiv, A. M.

### TO ABORT A BOIL.

Dr. Halle (*Prat. Med.*) recommends the following application: Tinct. arnicæ flor., p. ij; acid. tannic., acaciæ. pulv., aa p. j. M. Paint upon the part and the surface immediately surrounding it every fifteen minutes until a thick

and resistant coat results. This will speedily relieve the pain and abort the boil.—*Coll. and Clin. Record.*

## TREATMENT OF GOITRE BY INJECTIONS OF TINCTURE OF IODINE.

M. Stoudensky reports nine cases of goitre treated by injections of tincture of iodine, in which there was either complete disappearance or considerable diminution of the tumor. The author prefers Lugol's solution from the fact that it produces less pain. Injections may be made once a week with a hypodermic syringe, and should be very slowly performed.—*Revue Générale de Clinique et de Thérapéutique*, July 19, 1888.

## A VEHICLE FOR THE ADMINISTRATION OF THE IODIDE OF POTASSIUM.

In the *Boston Medical and Surgical Journal*, December 27, 1888, Dr. A. M. Blair recommends the administration of potassium iodide in milk. This, he states, will almost completely cover the taste of the iodide of potassium, and apparently in no wise interfere with its medicinal properties. He states that in cases where patients were unable to tolerate even 10 grains at a dose, when administered in a glass of milk they could very soon take 40 grains at a time without symptoms of nausea.

## CYANIDE OF ZINC IN CARDIAC AFFECTIONS.

According to Lashkewitch, (*Journal de M. de médecine de Paris*, November 18, 1888,) cyanide of zinc exercises a favorable action in cases of palpitation of the heart, in pains in the cardiac region, in arrhythmia from valvular diseases or disturbing cardiac neuroses, its action in the latter class of cases being especially marked. The author highly recommends this preparation in cases in which digitalis, convallaria, and other cardiac remedies appear to irritate the digestive track. The dose given is from 1-12 to 1-10 grain in the twenty-four hours.

## COCOANUT AS A VERMIFUGE.

Referring to the recent statement of Professor Pariso as to the vermifuge properties of the cocoanut (*Pharm. Journ.*), a correspondent of the *Times of India* writes that the cocoanut has been used as a vermifuge in India for probably forty generations by the beef-eaters of the country, and is so well known there as a means of expelling the tape worm that he cannot conceive how information of this fact has not reached England before. When properly prepared and intelligently administered, so says this writer, the cocoanut is equally efficacious with male fern oil, kousso, pomegranate-root, or turpentine, while it is as pleasant to the palate



as they are offensive. He is of the opinion that this is only one of the many valuable Indian remedies that would become better known to the European practitioner if an edition of the Pharmacopœia of India were published, properly brought up to date.—*Pharm. Journ.*, 1888.

### HYDRATE OF CHLORAL IN CHAPPED NIPPLE.

In the *Jurnal Akusherstvai Jenskikh Boleznei* Dec., 1888, p. 892, Dr. Ivan A. Mitropolsky, of Moscow, highly recommends chloral as an excellent local means for fissured and excoriated nipples. The latter should be kept covered with compresses (soft linen) soaked in a solution of half a drachm of chloral in three ounces of water. The compresses should be changed every  $2\frac{1}{2}$  or 3 hours. When a prolonged application is necessary, it is advisable to use a weaker lotion ( $\frac{1}{2}$  dr. to 6 oz.). The solution leave a thin, whitish, firmly adherent film over the diseased surface, which does not disappear by suckling. Pain and tenderness are said to be strikingly relieved almost immediately; the lesions rapidly healing. The chloral compresses do not produce any bad effects on nurslings.—*St. Louis Med. and Surg. Journal*.

### THE USE OF ANTIPIRYN IN OBSTETRICS.

From a paper published in the *Bulletin General de Therapeutique*, October 15, 1888, by Drs. Auvard and Lefebvre, the following conclusions are drawn:

First.—In certain impressionable women the administration of antipyrin during labor appears to produce considerable reduction in suffering; but this is nearly always very transient, and it is doubtful whether it is the action of the drug or the suggestion resulting from the hypodermic injection.

Second.—In the majority of cases the action of antipyrin is entirely negative.

Third.—Without denying the good results which may be exceptionally produced through the use of this remedy, its action in reducing the pains of labor in this case should be regarded as thoroughly inconstant, and by no means to be compared with chloroform or chloral in obstetrical doses.

### CREOLIN AS A DRESSING.

Having employed creolin as a dressing in a large number of cases, Dr. Vladimir N. Zenenko, of St. Petersburg, (*Proceedings of the Third General Meeting of Russian Physicians*, No. 2, 1889, p. 86,) has come to the following conclusions: 1st. When employed in the form of lotions or compresses, a 1 per cent. aqueous solution of creolin exerts not only a deodorizing, but also an antiphlogistic and antiseptic

action. 2nd. Ten or twelve per cent. oleaginous or glycerine emulsions are very well tolerated by suppurating wounds. 3rd. Creolin, however, is by no means free from irritant properties, since it causes burning and pain (though of a short duration). 4th. As an antimycotic, creolin is somewhat less powerful than carbolic acid; as an antiseptic, it is by far inferior to chlorine. 5th. In cases of recent (accidental or surgical) wounds, it should be used only in the form of a dry creolin gauze (compressed tampons). [A very instructive paper on creolin as a remedy for ulcers and wounds has been recently published by Dr. I. F. Zmucki, of St. Petersburg, *Vide the Provincial Med. Journal*, Jan., 1889, p. 53.]—*Reporter*.

### IODOFORM WICK AS UTERINE DRAINAGE.

Dr. Mikhail A. Voskresensky, of Tchernigov, speaks highly (*Novosti Terapii*, No. 9, 1888, p. 317) of draining the uterine cavity by means of an "iodoform wick (Russ. *jiti*). The latter is made of soft cotton threads, treated by a 10 per cent. ethereal alcoholic solution of iodoform (and kept in stock, in a hermetically closed vessel). The wick, which must be sufficiently thick to fill up the cervical lumen well, is introduced into the womb by means of Schröder's long forceps. Its removal (in the same way) is very easy; it may be withdrawn, at will, either as a whole, or thread by thread. Dr. Voskresensky resorts to the drainage in cases of purulent puerperal endometritis, retention of the ovum or placenta, abortion and puerperal endometritis of various forms operating on the cervix, vagino-plastics, total vaginal extirpation of the uterus, etc. The results are said to be most satisfactory. A uniformly favorable after-course in his cases of gynecological operations is attributed by the author mainly to his routine use of this wick drainage.—*St. Louis Med. and Surg. Jour.*

### HOT BATHS IN CROUPOUS PNEUMONIA.

At the third general meeting of Russian physicians at St. Petersburg, Dr. Alexander A. Netchaieff and Alexander E. Iagodinsky, of St. Petersburg, read (*Proceedings* No. 10, 1889, p. 382,) a paper on the treatment of croupous pneumonia by hot water baths, based on 87 cases. Of the number, 70 recovered, and 17 (19.7 per cent.) died. The main general conclusions may be given as follows: 1°. Hot baths, given once or twice daily, manifest a very favorable influence on the patient's subjective state. 2°. Old people (of 50 and upwards) and such subjects in whom pneumonia is complicated with acute or chronic nephritis, tolerate better the baths at from 30° to 32° Reaumur; younger persons free from renal complications, those at 28° or 29°. 30°. Generally the baths

prove of great service in all cases of croupous pneumonia. 4°. But they are especially beneficial in old people, and that in regard both to the course and issue of the disease. (The mortality among the author's old pneumonic patients, treated by hot baths, amounted only to 19.4 per cent. Meanwhile, the average mortality from pneumonia in subjects above 50 oscillates between 35 and 50 per cent.)

#### A NOVEL TREATMENT FOR HEMORRHAGE FROM THE LUNGS.

There is no fact better established in physiological therapeutics than the power of the alkaloid atropine to contract the capillaries. Ergotin has been long used for this purpose in the treatment of hemorrhage from the lungs, so that it seems rather odd that no one has assayed the use of atropine, at least we cannot remember to have read of the alkaloid being employed for the purpose of checking a hemorrhage. At the meeting of the Medical Society of Victoria, on the 14th of last November, Dr. R. A. Stirling narrated a case of profuse bleeding from the apex of the left lung, in which hypodermic injections of ergotin and other commonly used remedial measures had failed to check the hemorrhage, which was sufficiently severe to threaten immediate death by suffocation, but in which the hypodermic injection of  $\frac{1}{150}$  grain of atropine at once controlled the bleeding. During twenty-four hours the injections were repeated at intervals of every six hours; then, thinking that the stoppage might have been accidental, the doctor omitted the treatment for twelve hours, with the result of a fresh and severe attack, which was at once controlled by the renewal of the treatment.—*Therapeutic Gazette*.

#### THE LOCAL APPLICATION OF HYDRASTIS CANADENSIS.

The peculiar feature of the fluid extract of hydrastis canadensis of producing vascular contraction after its internal administration has led to its internal employment in cases of chronic congestion of various organs. It is strange, however, that as yet it does not seem to have been employed as a local application in spite of the fact that pharmacological experiments with hydrastis have shown that this body is not only a local astringent, but also possesses local anæsthetic properties, a fact which led Dr. Felsenburg (*Weiner Medizinische Blätter*, No. 48, 1888) to test the result of local application of the fluid extract of the hydrastis. He states that his results have encouraged him to further experiments in this connection. His studies were made on a series of cases of chronic pharyngitis, complicated with enlarged tonsils. In all cases he states that the results were good. The local application of the fluid extract to the diseased

mucous membrane showed a marked decrease in the contraction of the vessels and reduction of swelling with relief of the subjective symptoms. He states that patients readily accustom themselves to the bitter taste of this remedy, and even prefer the painting of the throat with the fluid extract to other forms of gargles or other local applications. Dr. Felsenburg thinks that perhaps a similar use of this remedy in the case of disease of other mucous membrane might lead to equally satisfactory results.—*Therap. Gazette*.

#### ANTIPIRYN IN THE FIRST STAGES OF LABOR.

We have already alluded to the fact that antipyrin is claimed during the first stages of labor to render the pains less severe, while at the same time not interfering with the progress of labor. Although these claims have not been universally admitted, and we have referred to papers in which the claim is made that it is entirely negative in its action in this respect, some results published by Dr. J. O. Van Winkle in the *New York Medical Journal* for January 5, 1889, go far to substantiate them. He refers to several cases in which antipyrin was employed. The first dose was given when the os was about one-third dilated, except in cases where the pains were very severe from the outset, when it was ordered earlier. Antipyrin, gr. xv., and spt. ammonia, xxx drops were administered every two hours during the first stage for three doses. The temperature and pulse were noted at the time the first dose was administered, and every hour thereafter until dilatation was complete. In almost every instance the patient said she felt greatly relieved, and this was evident from her behavior. In some cases the patient would fall asleep for an hour or so after the first or second dose. Incidentally it was noticed that the temperature fell from half a degree to a degree and a half Fahrenheit. The pulse became somewhat more frequent and the respiration slightly increased. Occasionally, if the pulse was rather rapid before administering the drug, it decreased in frequency. From statistics as to the duration of labor in cases where it was not employed, and where it was employed, it would seem that antipyrin does not increase the duration of labor, but, on the contrary, tends to lessen the first stage on an average of about half an hour, while the second stage remains practically the same, and in no case was there any injury done the mother or child. The author claims that antipyrin very materially lessens the severity of the pains during the first stage of labor, and has never given rise to any alarming symptoms, this immunity doubtless being due to the fact that in its administration it was always combined with a stimulant.—*Therapeutic Gazette*.



## ERGOT OF RYE IN THE TREATMENT OF POLYURIA.

The following remarkable results have been obtained by Dr. Bucquoy with ergot of rye in a case of simple polyuria. The patient was a man of robust constitution, who, after being nearly drowned five years ago, showed symptoms of polyuria and of severe polydipsia. After treatment with valerianate (?) during five months he recovered. At the beginning of 1888 polyuria reappeared. The affection was determined by violent grief. The patient passed from nine to fourteen litres of urine in the twenty-four hours. The density of the urine was 1004; its reaction was slightly acid; it contained neither albumen nor sugar, but 3.93 grains of urea per litre. M. Bucquoy administered seventy-five centigrammes (about twelve grains) of ergot of rye on the 14th of the month. The quantity of urine passed daily was then fourteen litres. On the 15th it was reduced to eleven litres; on the 16th to seven litres; on the 19th to seven litres; on the 20th M. Bucquoy reduced the dose of ergot to fifty centigrammes; the urine continued to diminish. On the 30th of the same month the treatment was suspended, but the quantity of urine diminished progressively. When the patient left the hospital he only passed from one and a half to two litres in the twenty-four hours. M. Bucquoy has observed the excellent effects of ergot of rye in other cases of polyuria of nervous origin. He has never obtained notable results with valerianate (?) even in large doses in the treatment of this affection.—*London Medical Recorder*, December 20, 1888.

## THE DIETARY OF ASTHMATICS.

Asthmatics, from necessity, become spare feeders, and are often very thin. In so many cases a heavy meat meal is followed by an attack that a restricted dietary is inevitable. To certain asthmatics certain articles are specially injurious, while to others they are not so.

The dietary which suits most asthmatics best is that which limits them to two meat meals a day, viz., breakfast and lunch or early dinner, and restricts their food for the rest of the day to liquids, with only bread, toast, or biscuits as solids; the great principle being that the asthmatic should retire to bed with gastric digestion quite complete, and thus preclude any pressure upward against the diaphragm from flatulent accumulations in the stomach. Where there is much dyspepsia, and especially where flatulency occurs immediately after meals, it is advisable to omit sugar and starch from the dietary and to avoid potatoes, and in these cases a little alcohol in the form of whiskey, or brandy and water, should be taken with lunch or dinner. Coffee is generally a suitable beverage, and should be taken at least once a day, black, as it distinctly lessens the spasm

without rendering the patient sleepless, whereas tea, though it is a product of the same natural order of plants, acts in a different way and often increases the neurosis. Various extracts, such as Brand's and Valentine's, and strong beef-tea, especially when taken warm, are excellent, as they are easily assimilated, and enable the patient to get over the asthmatic attack without great prostration.

It need hardly be added that all articles of food which are in themselves more or less indigestible, such as pastry, pickles, uncooked vegetables, salads, garlic, and fruit, except when perfectly ripe, and we may add cheese in its various forms, and richly dressed or highly flavored dishes, are to be strictly avoided.—*Dietetic Gaz.—Canada Lancet*.

## THE VALUE OF POSTURE IN LABOR.

Dr. Rubio, in a paper read before the recent Spanish Gynaecological Congress, laid great stress upon the important part that the posture of the patient plays during labor, both physiological and abnormal. (*The Lancet*.) During the first stage he merely keeps the patient from going from one room to another, to avoid catching cold. During the expulsive stage, though he prefers the supine or, at least, a horizontal position, as a rule, he changes it to a sitting posture where there is asthma or cardiac weakness, also where the pains have become inert through uterine fatigue. Where there is any version of the uterus it is necessary to pay due regard to its direction. Thus, if there is anteversion the patient should be placed on her back; if there is lateral version, she should lie on the side opposite that to which the fundus uteri is inclined, so as to bring the fetal axis to coincide as nearly as possible with that of the pelvis. It is, of course, a recognized fact that a change of posture will frequently facilitate the descent of the head, even when there is no abnormality either in the position of the child or of the direction of the uterine axis. When the fetal position is transverse the patient should be laid on the side opposite to that occupied by the head, with a pillow under the abdomen. The adoption of the genu-pectoral position has frequently been found of service by Dr. Rubio. When there is a prolapse of the cord, and it is being dragged upon in a dangerous manner, he raises it above the head, and keeps it there during several pains, the woman being placed in the genu-pectoral position. Again, in complicated presentations, he has found this the best posture for their reduction, and in arm and shoulder presentations, where the amniotic liquid has escaped, and the practitioner in attendance has been unable to insert his hand and turn, Dr. Rubio, by the adoption of this position, has found it possible to execute the necessary manœuvre.—*Medical Record*.

## THE USE OF ALCOHOL IN BOND BY SCIENTIFIC INSTITUTIONS.

It may not be generally known that the internal revenue tax on alcohol is remitted under certain restrictions to various institutions of learning. The section of the Revised Statutes of the United States authorizing this remission, reads as follows:—

"The Secretary of the Treasury may grant permits to any incorporated or chartered scientific institution or college of learning to withdraw alcohol in specified quantities from bond without payment of the internal revenue tax on the same, or on the spirits from which the alcohol has been distilled, for the sole purpose of preserving specimens of anatomy, physiology, or natural history belonging to such institution, or for use in its chemical laboratory. Also to any scientific university or college of learning created and constituted such by any State or Territory under its laws, though not incorporated or chartered." In reply to a letter of inquiry from the Superintendent of Roosevelt Hospital, the acting Secretary of the Treasury defines the use to which free alcohol may be put, in addition to the preservation of specimens, as follows: "1. In the manufacture in your chemical laboratory of tinctures, liniments, and other pharmaceutical preparations for use in the hospital wards and in the out-patient department. 2. As a lotion for bathing the afflicted parts of the patients under treatment in the hospital and out-patient department. 3. As an antiseptic wash by the surgeons before and after operations in both departments. 4. As an antiseptic solution for cleansing surgical instruments. 5. As an antiseptic solution for preparing and preserving catgut ligatures, to be used in surgical operations. 6. For burning in spirit-lamps, principally in the analysis of urine." It is distinctly provided, however, that the alcohol and the preparations mentioned shall be used only in the manner described, and shall never be sold to any person inside or outside the hospital.—*N. Y. Med. Record*.

## SIGNIFICANCE OF COUGH, AND INDICATIONS FOR EXPECTORANTS.

Thomson (*Trans. Med. Soc. Co., New York*) states a useless (non-expectorant) cough may be distinguished from one accompanied by expectoration by noting that the former is invariably single, while the latter is always multiple. The Germans locate the sensitive points from which afferent impulses originating cough frequently arise, in the respiratory tract, from the bifurcation of the trachea to the second or third division of the bronchi. Cough is not excited in the respiratory tract below this situation. Simple inflammatory irritation of this portion

without secretion is a cause of the short, tight cough often present in bronchitis and phthisis. Expectorants, such as tartar emetic, are here indicated to promote bronchial secretion. Inflammatory irritation of the pharynx, common in ordinary colds and in advanced phthisis, is a cause of useless cough. Aconite or the local use of morphine and starch are the most useful remedies. The constant hacking cough of pleurisy is most readily checked by limiting the movements of the affected side by strapping. The pleuritic cough of phthisis limited to one lung is also dissipated by this procedure.

The cough arising from irritation of an aortic aneurism is best relieved with morphine. Leeches applied to the sternum often give surprising relief. The cough due to the pressure of an enlarged bronchial gland on the vagus is lessened by the application of dry cups to the interscapular space. The usual indications in cough accompanied by expectoration are to further liquefy secretions and render its expulsion easier. In the capillary bronchitis of children, cough and dyspnoea are relieved and expectoration favored by administering frequently a half teaspoonful of milk and lime water. The *modus operandi* depends upon an associated action between the oesophagus and the bronchial tubes. Thomson finds that oils are the best liquefiers of bronchial mucus because of their power to increase the watery flow from mucous membranes. Linseed oil is especially active. He prescribes it in emulsion with oils of gaultheria and cinnamon, dilute hydrocyanic acid, glycerin, simple syrup and water.—*New Orleans Med. and Surg. Jour.*

## STROPHANTHUS IN CARDIAC DISEASE.

Some further facts in connection with the use of strophanthus in heart disease have just been published by Bucquoy. He believes it to be a drug of great value and scarcely inferior to digitalis. In mitral disease it increases the energy of the cardiac contractions when the compensation is insufficient, and especially in mitral stenosis when the heart begins to lose power, its use in relieving the dyspnoea and oppression, is followed by the best results. In cardio-aortic lesions, also it may be equally employed with benefit, even when digitalis is contra-indicated. Not one of the least advantages of strophanthus is that it can be administered, and can be tolerated without inconvenience for a long period. Moreover it does not appear to lose its influence during prolonged administration, and its good effects continue for some time after it has ceased to be given. Strophanthus, according to the author, does not exhibit any cumulative action, or a tendency to cause nausea, in both of which particulars it is superior to digitalis. The only symptom of intolerance which has been observed is, that



occasionally diarrhoea has supervened during the progress of its administration, but this has quickly ceased as soon as the drug has been withheld. Beyond this the author has never seen any ill-effects from the drug. He does not consider its use to be indicated in cases of advanced cardiac disease, which is associated with arterio-sclerosis, and disease of the kidneys. The variable character of the tinctures of strophanthus has induced him to prefer the extract. This he prescribes in the form of granules of one milligramme, each of which corresponds to five drops of Fraser's tincture. The maximum daily dose is generally about four of these granules at regular intervals. Beginning with two on the first day, and gradually increasing the number of granules subsequently to the full dose—which can be continued for a long time without being productive of any inconvenience to the patient. The subject of the use of strophanthus is an interesting one, and we shall be glad to open our columns for the purpose of its discussion, with a view to ascertaining whether the experience of our readers coincides with that which we have quoted above.—*Med. Press.*

#### A NEW METHOD OF MAKING OPHTHALMOSCOPIC EXAMINATIONS.

At a recent meeting of the *Berlin Medical Society*, Dr. Bellarminhoff presented a new method of making ophthalmoscopic examinations: When a piece of glass is brought in contact with a cornea which has been anesthetized with cocaine, and carefully pressed upon it, in consequence of capillary attraction, the glass and the cornea form together a surface which removes more or less the corneal curvature, so that the eye becomes hypermetropic; and the strongly divergent rays emanating from its surface can easily fall on the eye of the observer. The pupil is dilated and the eye examined by daylight with a plain mirror; the fundus of the eye is illuminated and can be seen with both eyes in the direct image at the usual reading distance. The fundus can also be seen by two or three persons standing near by. The magnifying of the image is not great, but an increased field of vision is gained.

The advantages claimed for this method of examination are:

1. It can be used even by those inexperienced in the use of the ophthalmoscope.
2. The possibility of an examination of the fundus by two or three observers at one time.
3. It is thought that it would be of use in examining the anterior structures of the eye.
4. It will facilitate the examination of the eyes of children, of the sick confined to bed, the insane and of animals.

Dr. Schweiger has convinced himself that the method of Bellarminhoff is easily accomplished.

Professor Hirschberg claims in the *Berliner Klinische Wochenschrift*, that a similar method was proposed by him in the year 1882. He has studied refraction of rays in a living pike, having covered the pupillary portion of the cornea with water and then placed upon it a glass cover.

In the same year (1882) he showed by this method that the fundus of the eye of a horse can be seen in daylight without previous dilation of the pupil.

#### ACTION OF ERGOT ON THE UTERUS.

Dr. Lombe Atthill, in a communication published in the *Dublin Journal of Medical Science*, Dec. 1, 1888, says of ergot that it is most uncertain in its action and in its effects. In some cases it causes pain, and when it does it always, he thinks, lessens hemorrhage from the uterus, the pain being evidently due to clonic contraction of the muscular fibres. But sometimes the same dose of the same preparation which caused pain previously, does not do so on another occasion, though apparently no change has taken place in the patient's condition. Dr. Atthill thinks that ergot will not induce clonic contraction of the uterine fibres unless something acting as a foreign body is present in it. The mere presence of a foreign body is not sufficient; it must be acting. Pedunculated polypi, he says, are commonly enough met with in the uterus, but their expulsion by painful uterine action is quite rare, and it is most likely that the seat of the tumor is the main element of its tendency to excite uterine action. The portion of the uterus between the entrance of the fallopian tubes is the sensitive portion of the organ, and, in his opinion, it is necessary for a tumor to be situated there for it to act as a foreign body.

He regards it as very doubtful if ergot ever originates clonic contractions of the uterus during pregnancy, unless the organ is prepared by some pre-existing cause to expel its contents. When engaged formerly in midwifery practice he was in the habit of frequently prescribing ergot as a preventive to *post-partum* hemorrhage, commencing its administration a week or ten days before the expected advent of labor, and he says he has never once had reason to suppose that it hastened that event; on the contrary, in several instances the period of utero-gestation seemed to be lengthened. In like manner, in cases of a threatened abortion, he has seen the hemorrhage checked, and pregnancy proceed normally under the administration of ergot; it seemed, indeed, to act as a uterine tonic, if such an expression be admissible. In others, and perhaps the majority, it seemed to produce no effect at all; in a few it induced clonic spasms, but in these there was always reason to think that the ovum was already blighted. In cases of uterine

fibroids, he says, ergot will, in general, be found to act most beneficially in lessening hemorrhage when the tumor is embedded in the muscular tissue, and as thinning of the wall takes place, and as the tumor consequently comes in closer contact with the uterine mucous membrane, the result of its administration will be less satisfactory; but in all cases much will depend on the preparation used and upon its freshness.—*Med. and Surg. Reporter.*

### SULPHONAL AS A HYPNOTIC.

In the *New York Medical Journal* for December 15, 1888, Dr. William H. Flint reports thirty-three cases of insomnia in which sulphonal was employed, special stress being laid in the investigation as to the primary disease of the patient suffering from insomnia; his previous history; the dose of sulphonal administered; the hours elapsing after the exhibition of the drug before sleep ensued; the duration of sleep, its quality, and the after-effects of the remedy.

The sulphonal was administered in powdered form, enclosed in capsules, given usually at the bedtime of the patients. In order to prevent mental impressions from influencing the results, the patients were not informed of the nature of the drug or its expected action. The general conclusion which may be drawn from these reports is that they confirm the early observations as to the great hypnotic value of sulphonal, and show that, even in single doses, of 20 or 30 grains, it is a safe and, in the main, reliable hypnotic, free from unpleasant concomitant effects, and usually from all undesirable sequelæ. The single objectionable after-effect witnessed by the writer has been moderate somnolence on the morning following the administration of the remedy.

In none of the cases has there been the slightest derangement of appetite or digestion, nor have the circulation and respiration been appreciably affected at the time of awaking. The cutaneous and renal secretions have neither been increased nor diminished; nausea, vomiting, and constipation have not followed the use of the drug. Several of the cases seem to show that an increase of the original dose is often not required, and that, after a certain time, natural sleep being restored, the sulphonal may be discontinued. This is the only light thrown by the writer's cases upon the important question as to the possibility of engendering a sulphonal habit or of prejudicially affecting the organism by the continued use of sulphonal. The doctrines that sulphonal is of exceptional value in insomnia occasioned by debility, neurasthenia, and mental perturbation, and that it has no appreciable anodyne properties, receive support from the history of several of these cases. In several cases the pain of acute rheumatism, of pelvic peritonitis, of chronic rheumatism, of sciatica, and of dysentery was not sufficiently

controlled by the remedy to permit of quiet sleep. On the other hand, the pain of splenitis, of cerebral gumma, of pharyngitis, and of alcoholic gastritis was not of sufficient violence to prevent the patients from sleeping under the influence of sulphonal. The effect of sulphonal was particularly fortunate in the cases of those patients who had previously been addicted to the use of opium and of other hypnotic drugs, or were suffering from insomnia due to the withdrawal of these remedies. In cases of insomnia due to the dyspnoea of cardiac and Bright's disease, sulphonal was powerless to produce sleep, and morphine was alone perfectly adequate to meet the indications. In a case of cardiac dyspnoea, the hydrate of amylene proved fairly successful. In cases where the insomnia was occasioned by the harassing cough of pulmonary tuberculosis, under the influence of sulphonal, the patients slept better than usual, and although the cough continued during sleep, they were not awakened by it. Sulphonal also rendered excellent services in the insomnia of typhoid fever.

The average length of time at which sleep ensued after the administration of the sulphonal was about an hour.

The average duration of sleep was a little over six hours, and success attended the use of the sulphonal in about eighty-two per cent. of all the trials.

The high average of successes, in a series of unselected cases, many of which were plainly unsuitable for experiment with a pure hypnotic, encourages the writer to publish this record in the hope that it may aid in hastening the general introduction of sulphonal.—*Therap. Gazette.*

### PERNICIOUS ANDRINA, AND ITS TREATMENT WITH ARSENIC.

After a brief reference to the literature of the subject, the writer gives in full the history of a case which did well under the plan of treatment indicated. He then continues:—To Bramwell, of Edinburgh, the profession is indebted for pointing out the almost specific action of this drug in certain cases of pernicious anaemia. The statistics collected by Padley a few years ago, shows forty-eight cases treated without arsenic, of which forty-two died. Of twenty-two cases treated with arsenic, sixteen recovered, four died and two improved. Within the past few years, numerous observations have shown the powerful effect of arsenic in certain cases. Unfortunately, we do not yet fully understand why, in some instances, the drug should be well borne and prove successful, while in others the patient continues in the progressively downward course. That the cases which we group as pernicious anaemia are very varied is now recognized by all writers on



the subject. It is not to be expected that when the gastric tubules are atrophied, arsenic can be curative. We need a careful study of those instances in which the drug has proved successful and of those in which it has failed. To judge from therapeutic test alone there must be a very deep-seated difference between the two classes. I know of nothing more remarkable in practical therapeutics, nothing so resembling specific action (unless we except iron in chlorosis and quinine in ague) than the rapid recovery of profound anæmia under this drug. As a rule it is well borne, and should be given, as Bramwell advises, in increasing doses, beginning with five minims, and rising gradually to twenty or thirty three times a day. Puffiness of the eyelids, œdema above the eyebrows, vomiting or diarrhœa, indicate that the drug should be suspended for a time, or the dose reduced. It is interesting to note that the existence of vomiting or diarrhœa does not, however, contra-indicate the employment of the medicine, as in the case here reported. These symptoms seemed to improve, for a time at least, when the arsenic was first given. If the Fowler's solution disagrees, arsenious acid may be tried. I have known it to be well borne when the liquor arsenicalis disturbed the stomach. The drug may be given hypodermically, but in these instances of profound anæmia the tendency to hæmorrhage is so marked that the punctures may become hæmorrhagic. I have known considerable subcutaneous extravasation follow an injection. The point of the greatest importance is the fact that the medicine must be given in increasing doses, and for prolonged periods. I find practitioners express great surprise when they hear of doses of Fowler's solution, of fifteen, twenty, and twenty-five drops three times a day. There is, I think, but one rule in the matter; give the drug cautiously until physiological effects are produced. The tolerance of the system for arsenic is well known. I have never seen serious consequences from its careful administration. Young persons, as a rule, take it better than adults. In an instance of pernicious anæmia which I reported a few years ago, the patient took twenty minims of Fowler's solution three times a day for weeks with the most satisfactory results. In post-partum cases recovery is always slow. It may be many months before perfect health is restored. It is well to intermit arsenic for a few weeks; but it should be given at intervals for many months, even when the health is apparently re-established as there is a well recognized tendency in these cases to relapse—Prof. Osler, *Bost. Med. and Surg. Jour.*

#### ARTIFICIAL STIMULATION OF THE GROWTH OF BONE.

One of the well recognized curiosities of medical experience is the observation that the bones

may sometimes rapidly increase in size under the stimulus afforded by disease or accident—or perhaps rather of the recoil from depressing influences. Similarly the bones of pregnant woman increase in size under the influence of the heightened physiological activity of the state.

The occurrence of what may be called—somewhat inaptly—the pathological increase in size of bones was the subject of a careful study by Bergmann some years ago, who published the results of his investigations in the *St. Petersburger Zeitschrift*, Bd. xlv., and Ollier and Langenbeck have made valuable contributions to the literature of the subject.

In a very recent article in the *Berliner klinische Wochenschrift*, Prof. Max Schüller, of Berlin, presents an interesting, though brief, review of the hitherto recorded observations in connection with the, so-to-speak, spasmodic growth of bones, and an able study of the application of the teachings of these observations to attempts at producing such growth by artificial means.

From his own investigations and experiments as well as those of others, it seems clear that this form of growth can be looked for only during the usual period of development of the skeleton, and that it depends upon some stimulus acting upon the cartilage between the diaphysis and epiphysis of long bones. A few cases are on record in which the bones have suddenly increased in length after the apparent end of the growing period, and these seem to make it probable that an interstitial growth may take place after the connecting cartilage has ossified. But such observations are very rare; and it is difficult to understand how a bone can increase in length, except at its extremities.

Among the conditions which have given rise to lengthening of the bones are aneurism, and angiectasis, and universal development of the blood-vessels; but ulcers, fractures, inflammations of the joint, and even infantile paralysis have been followed by a similar result.

Ollier experimented on animals, with various irritations of the periosteum and medulla of the long bones, and found they provoked an increase in length of the bones. Schüller has had a similar experience, and finds that the growth is caused by communication of the stimulus to the connecting cartilage.

A number of surgeons have attempted to make practical use of the suggestions afforded by observation and experiment, and Schüller has followed up the idea of producing an artificial congestion in the bones with the object of increasing their length. This congestion he produces by means of a constricting rubber tube applied some distance above the point to be influenced so as to compress the veins, but not the arteries, of the parts. The application is made at first for only an hour or

two, then for gradually lengthened periods, until it is continuous during the day and night. The application must be graduated so as to produce no pain, and so as to accustom the patient to it.

Schüller does not depend on this measure alone to provoke growth in the bones, but adds massage exercise and careful nourishment of the patient, including the administration of food containing salts of lime. He has practised his method in two cases, with quite satisfactory results, and recommends it for further testing.

This interesting subject is worthy of careful study in this country, and it would be useful to have it taken up by those who have cases suited to experimentation with Schüller's method. In the many hospitals and homes for the crippled in America there must be many patients who might with advantage furnish an opportunity for confirming or correcting Schüller's opinions; and we commend to the attention of the surgeons in charge of these institutions, in the hope that they may prove to be correct, and be applied for the benefit of those who are deformed or injured.—*Med. and Surg. Reporter.*

#### TAMPONNING FOR POST-PARTUM HEMORRHAGE.

There has been considerable discussion of late in Germany in regard to the value of a method of treating *post-partum* hemorrhage which was warmly recommended by Dührssen in the *Centralblatt für Gynakologie*, No. 35, 1888. This method consists in tamponning the uterus with a long strip of iodoform-gauze, so as to promote contraction of the uterus and to stop the bleeding, partly in a mechanical way, and all with a material which might safely be allowed to remain in the cavity of the womb.

Notwithstanding the successful employment of the method by Dührssen, it has been opposed as dangerous as well as unnecessary, if other well-known methods were used. On the other hand, Dr. Becker, of Hamburg, in the *Berliner klinische Wochenschrift*, Feb. 18, 1889, comes to the support of Dührssen, and by argument and by citing his own experience maintains that the method of the latter is a very valuable procedure, and that it may be relied upon in cases which seem to baffle every other resource of the obstetrician.

In this we believe that Becker is right, and that tamponning the uterus with iodoform-gauze for post-partum hemorrhage is a safe and excellent method. It has never yet—so far as we know—given rise to iodoform poisoning, and it has certainly checked hemorrhages which had resisted other measures faithfully tried before it was employed. There is much in its favor theoretically, and practically it has accomplished about as much as could be asked of any claimant for professional approval.

Of course it will be understood that no such heroic method as this should be employed where a simpler one will do. There are few cases in which intra-uterine injections of hot water, and especially hot water with a little vinegar added, will not control post-partum hemorrhage; and, as a clean and convenient method, which leaves no foreign body in the uterus, it is preferable to any other. But, if simple measures fail, one must have more powerful ones, and a careful packing of the uterus with antiseptic gauze might prove of the greatest utility.

#### LABOR IN WOMEN WITH FLAT Pelves.

The disputed question as to whether it is best in cases of labor complicated by minor degrees of flattening of the pelvis—in which the natural forces are incompetent to effect delivery—to render assistance with the forceps or by version, is still awaiting authoritative settlement. The impossibility or undesirability of applying the forceps to the sides of the head when it is arrested at the brim in the flattened pelvis, on the one hand, and on the other the fear that by applying them to the sides of the pelvis over the sinciput and occiput, the cross diameters—bi-temporal or bi-parietal—which are engaged in the contracted conjugate, may thereby be increased, tend to cause the obstetrician to select version rather than the forceps. Since the invention of Tarnier's forceps, however, the tide of opinion which was setting in favor of version under the conditions named, has been checked, and the forceps are now in greater favor.

Several points bearing upon this question are brought out in a paper by Dr. R. Milne Murray, in the *Edinburgh Med. Journal*, Nov., 1888. He reports two cases of labor in women having flat pelves of minor degree, in which he effected delivery with Tarnier's forceps, as modified by himself. One woman had been delivered once prematurely, and once by turning after the failure of the classic forceps. He delivered her with surprising ease with Tarnier's forceps. The second woman was a primipara, and she also was delivered with comparatively little difficulty. After referring to the general belief that the application of the forceps over the brow and occiput causes an increase in the transverse diameters of the head, he points out that the effect of compression with the axis-traction forceps must be the same as with the classic forceps. To permit of traction a certain amount of compression must be applied, and consequently the locking of the transverse foetal diameter in the maternal conjugate diameter, if it occurred with the older pattern must likewise occur with the new; and yet delivery is effected generally with the axis traction forceps with comparative facility in the minor degrees of contraction. This fact throws doubt upon the



theory that increase in the transverse diameters does result from the application of the forceps over the brow and occiput.

To settle this point nine recently delivered fetuses were taken for experiment. A cephalotribe was placed with its blades accurately applied over the occiput and sinciput and the compression-screw then turned until the bones began to show signs of giving way under the compression. At intervals the occipito-frontal, bi-mastoid, bi-temporal and bi-parietal diameters were carefully measured. The occipito-frontal diameter was reduced from an inch to an inch and a half, yet in spite of this very great reduction the transverse diameters underwent hardly any change, although the compression used was far greater than can be made with the forceps. This shortening of the long occipito-frontal diameter without corresponding increase of the transverse diameters, is explained by Dr. Murray by the fact that the occipital and frontal bones, under the compression of the forceps, slide under the borders of the parietal bones—the head “telescopes” from before backward—while at the same time the vertical diameters of the head become elongated. Dr. Murray also considers the effect of applying the forceps obliquely—one blade over one side of the brow, the other over the opposite side of the occiput—and concludes that it is far less advantageous than the application directly over the brow and occiput, since the “telescopic adjustment” is entirely lost, and since the compression of one oblique diameter of the head tends to produce a lengthening of the free oblique diameter.

The experiments of Dr. Murray are of great interest from their bearing on the question of the application of the forceps at the brim of the pelvis. They will go far to do away with the fear of increasing the transverse diameters of the head by applying the forceps over the occiput and sinciput. The experiments are the more interesting as being made in Edinburgh, the home of Simpson, the father and great exponent of the doctrine that, when the head is arrested at the superior strait by contraction of the conjugate diameter of the pelvis, the proper obstetric procedure is version rather than the use of the forceps.

## HEART SOUNDS WHEN THE BREATH IS HELD.

J. Mortimer Granville, M. D., writes to the *Brit. M. Jour.*, Dec. 1 as follows: Will you allow me to caution practitioners against what I believe to be a not uncommon source of error in connection with certain conventional modes of examining the heart? The patient is told to “stop breathing.” This he does with a more or less forcibly inflated lung, the result being that the contact and impulse elements of the heart-sounds—and we too often forget how large

these elements really are—become exaggerated. In addition to this, the lung being not infrequently distended by a very deep inspiration, taken hurriedly at the moment when the patient is told to “stop breathing,” the mechanical obstacle offered to a free passage of blood through the vessel of the lungs is especially great. What the listener hears when the patient's breath is held will not be the cardiac sound, simply unmasked by the suspension of the pulmonary sounds, but the former exaggerated and distorted by the accidental physical conditions of the lungs and the heart, and their surroundings in the thorax; which conditions are abnormal, for a state of forced, or even fixed, inspiration is not normal, and it *modifies* as well as intensifies the heart-sound sensibly, as any close observer may detect. The very frequent appearance in the consulting room of cases of supposed heart disease, in which, when examined under ordinary conditions, nothing can be discovered to support the hypothesis of disease, may perhaps be to some extent accounted for by the method of examining to which I have ventured to object. Another point of moment is the position of the patient. I do not think any physician is justified in affirming the existence of a morbid state until, or unless, he can satisfy himself that the known effects of change of position on the several performances of the cardiac mechanism are produced. It is a matter of very great concern that the number of persons living lives of misery because they have been told that “there is something wrong with the heart” is of late largely increased and increasing; while no inconsiderable proportion of such persons have, in fact, nothing whatever the matter with their hearts beyond, perhaps, some sympathetic disturbance. I am not now thinking of the scare produced by “anæmic” sounds, which, by the way, are too often misconstrued even by expert and experienced examiners, but of hypothetical “valvular disease” in hearts which are in no way organically affected, or even the subjects of exceptional muscular debility.

## TREATMENT OF EXOPHTHALMIC GOITRE.

Jaccoud, Paris, gives the following succinct account of the treatment of Grave's disease:—(1) Hygienic Treatment: Quiet life in the country, avoidance of excitement; milk diet, if the heart is not enfeebled; ordinary diet, with wine and even coffee, if the cardiac contractions are weak. (2) Medicinal Treatment: In the first place, certain drugs are contra-indicated in every instance, to wit, the iodides of potassium and sodium, which increase the respiratory distress consequent on the cardiac acceleration. Next, there is a drug which is useful in some cases, but to be absolutely avoided in others—this is digitalis. When the heart has lost con-

tractile force, we may order digitalis with reason and advantage; but when the contractility of the myocardium is intact, digitalis leads to dangerous aggravation of the symptoms. (3) Of the systems employed in exophthalmic goitre, M. Jaccoud prefers the arsenious acid and bromide of potassium method.—Night and morning 0.001 milligramme of arsenious acid is ordered to be taken at meal times; and between meals 2 to 4 grammes of the bromide. In mild cases the arsenic may be omitted. Another useful system is that of Friedreich, which consists in the prolonged administration of sulphate of quinine in doses of 0.60 to 0.80 centigrammes a day. Electrical treatment is necessarily uncertain, for it is impossible to confine the application of the current to the parts of the nervous system indicated, so intimate are the anatomical connections. Hydro-therapeutics may be useful in some cases as an adjuvant: it is dangerous if the heart or lungs be the seat of organic disease.—*Journ. de Méd. de Paris, Practitioner*, Nov.

### PALPATION OF THE KIDNEYS.

It is a curious fact that, within the last few weeks and almost simultaneously, two distinguished clinicians of Europe have published important communications in regard to palpation of the kidneys for diagnostic purposes. Both Guyon, in Paris, and Israel, in Berlin, have recently cited their observations and experiences to show that the kidneys are not so inaccessible to touch as is commonly supposed. The former has described his methods of investigation in a lecture at the Hôpital Necker, reported in the *Gazette Hebdomadaire*, Feb. 8, 1889, with great clearness and instructiveness, while Israel has published a very valuable article on the subject, in the *Berliner klinische Wochenschrift*, February 18, 1889.

Progress in treating diseased kidneys is now needed, as Israel states, more in the direction of finer methods of diagnosis than in that of the technique of surgical operations. The kidneys are situated upon the posterior wall of the abdominal cavity, upon the lowest dorsal and the three upper lumbar vertebrae. Their upper half is covered by the wall of the thorax, their lower half only by soft parts. Their diameter from hilus to convexity is directed obliquely, with the hilus presenting in front and toward the middle line. Their long axis is also obliquely placed, being nearer the spinal column above than it is below. The right kidney is placed at a slightly higher level than the left. If a line be drawn from the middle of Poupart's ligament, parallel to the linea alba, and a perpendicular be let fall from it two fingers' breadth below the point where it meets the lower border of the ribs, the perpendicular will meet the normal kidney. As Israel says, a correct understanding of these simple anatomical

facts is of the greatest moment in examining the kidneys.

To utilize them certain favoring conditions are essential. The abdominal fat must not be too extensive, and the tension of the parietes must not be too great. To facilitate an examination; the bowels must always be emptied, and chloroform may be administered to relax the muscles of the abdomen, although anaesthesia interferes with voluntary deep inspiration, which is often of great assistance. Emptying the bowels not only diminishes their tension, but also removes the risk of mistaking fecal accumulations for the kidneys.

The best methods of examining the kidneys are these: First, by deep pressure with the fingers, gently and yet steadily following up the slight gain which can be made with each profound inspiration and expiration, taking care not to mistake any part of the liver or the spleen for the kidney. Second, by what Guyon calls *ballotement rénal*, which is effected by combining the first method with short taps or thrusts made with the fingers pressed firmly against the back, over the region of the kidney, by means of which it is propelled against the fingers pressing down in front. The third method is recommended by Israel, and consists in placing the patient on the side, with the knees and thighs slightly flexed, and making bimanual pressure very similar to that described by Guyon for *ballotement*.

A fourth method has been proposed by Glénard, of Lyons, which consists simply in palpating the region of the kidney between the thumb in front and the fingers of the same hand pressed up in the costo-vertebral angle.

In conducting these examinations all investigators agree that the rhythmic motion of the kidney with each inspiration can be detected, and alteration of its position, size, shape, consistency and sensibility. The detection of rhythmical motion in the kidney is a point in these examinations which it is important not to overlook, especially as the general supposition has been that the kidneys are immoveable, and that motion in rhythm with the respiratory act serves to differentiate tumors connected with the intra-abdominal organs from those connected with or in the kidneys.

We cannot spare space at this time to point out all the valuable information in regard to the kidneys which may be gained by a successful palpation, as described above. But one extremely important point deserves mention. This is that, in any contemplated operation on the kidney, it must always be of great value to ascertain if the other kidney is present, and of probably normal size. Another point, which Israel has found extremely useful in practice, is that an erroneous diagnosis of floating kidney may sometimes be corrected, and a useless oper-



ation avoided by finding the kidneys where they ought to be.

In conclusion, it may be noted that this valuable method of diagnosis is not practicable in every case, and that it should always be associated with every other known method of ascertaining the physical and functional condition of the kidneys. But, with this well understood, the methods we have described constitute a very valuable addition to our means of examining the kidneys, and one which deserves the widest dissemination among medical men.—*Dr. C. W. Dülles, Med. Sur. Reporter.*

### THE DOCTOR'S MANNERS.

There is no question that the success of every doctor is largely influenced by his manners. Professional knowledge and skill are necessarily the basis of all success, but manners constitute the great attraction of a particular doctor to a certain class of patients. Some time since while on a visit to a distant city we called upon the physician who was regarded as having the largest income of all the physicians. We found his manner singularly gracious and gentlemanly. The pleasing impression made upon us lasted several hours, and the memory of it remains with us to the present time. A professional friend who accompanied us said that doctor's manners are worth to him \$20,000 a year. His professional knowledge and skill is not at all superior to that of several other gentlemen working in the same specialty, in fact it is inferior to that of some, but his manners are a charm to all whom he meets. A patient that has been his once is sure to remain a patient as long as he lives, and he is also sure to advise all his friends to patronize this doctor.

In the same city is another physician, learned and skillful to equal any man in the world working in the same line, and yet his manners are so disagreeable that only such consult him as are impelled by the desire to get this skill, and are willing to endure the disagreeable manners. He can be courteous and gentlemanly, but is uncertain when he will be so. It is safe to say that these manners keep him from at least twenty thousand dollars a year.

When there were but few doctors and these widely separated they could possess the manners of the uncultured and the boor and still keep their business. But as doctors have multiplied people have had the privilege of choosing, and as a rule the manners of the doctor constitute a deciding element in their choices. Among the frontier doctors roughness was a characteristic of the social condition of the community. But as the culture of the intellect, especially in its finer forms, gained an influence, the manners of the doctors underwent a change. Some of these doctors could not change with their clients, and so lost their influence among the people.

To-day, in most American communities, the addition of well-bred manners to the doctor's equipment will prove a certain entrance to the best society, and to the best practice. Nor is there any reason why the highest culture in medicine should not be combined with the highest general culture, and the most courteous demeanor to all patients and acquaintances. There is no reason why the cultivated and polite should not choose a doctor possessing similar qualities. Nor is there any reason why such a doctor should not be the messenger of healing to the suffering among those classes that do not possess these accomplishments, and thus be an example to them of the higher types of manhood. Certain it is that courteous demeanor attracts those who do not possess it quite as much as those who do.

In the criticisms that come to us of various doctors, manners more than professional skill are complained of. Good manners call for the exercise of the kindest thought respecting others, the most courteous speech in a well-modulated voice that shall soothe the deranged nervous system. Under no circumstances will the gentleman forget that deference due to every human being with whom he is brought into relations. This deference will form the basis of the most perfect manners. The possession of such manners, unless inherited, and practised from early youth, is one of the most difficult of acquisitions, far more so than the acquisition of medical knowledge and skill. Let him who has inherited such a possession be careful to keep it in perfect order. And let him who is striving to gain it never intermit his efforts. A clear head and a kindly heart to all human beings ever brought into active operation will do much to form and develop such manners.—*American Lancet.*

### CLASS-ROOM NOTES.

When a fibroma of the breast is discovered, always remove it, for it may undergo sarcomatous degeneration. (Prof. Gross.)

Prof. Parvin advises the use of creolin, in the strength of 1 to 2 per cent. aqueous solution, as an antiseptic for washing out the uterus in septicæmia.

In the case of a man at the clinic with ascending neuritis, Prof. Bartholow directed the application of the galvanic current and the internal use of iodide of sodium.

In the treatment of internal hemorrhoids stretch the sphincter to allow them to come down, then grasp each pile separately and apply a silk ligature to its base. (Prof. Gross.)

In the treatment of valvular diseases of the heart the remedy should be directed to the condition of the walls and cavities of the heart, not to the particular valve affected. (Prof. Da Costa.)

In the treatment of angina pectoris, during the paroxysms, Prof. Da Costa recommends hypodermic injections of morphia and atropia, repeated if necessary, or the inhalation of nitrite of amyl.

In spermatorrhœa (so called), stricture and a hyperæsthetic condition of the urethra are found to remedy this condition; we should get rid of the above causes by dilatation and the passage of sounds. (Prof. Gross.)

For a young girl, æt. 17, with amenorrhœa due to mental disturbance, Prof. Parvin ordered—

R.—Ferri sulph. exsicc.,  
Terebinth. albæ,      āā      gr. j  
Aloes,      gr. ½. M.  
Ft. pil. j.  
Sig.—One *ter die*.

For a case of diabetes insipidus, Prof. Da Costa ordered an easily digested diet, liquor pepsin. fʒss, at meals, and—

R.—Extract. ergotæ fluid.,      fʒss.  
Sig.—t. i. d.

In the case of a woman who had passed gall stones, Prof. Bartholow directed 1-20 gr. arseniate of sodium *ter die*, and—

R.—Sodii phosphat.,  
Sodii sulph.,      āā      ʒss. M.  
Sig.—*Ter die* in hot water.

In the treatment of hæmatemesis from any cause, Prof. Da Costa advises rest in bed, no food or drink by the stomach except small quantities of iced liquid or cracked ice. Nourish entirely by rectum. Also acetate of lead, 2 grs. every four hours, guarded by a small quantity of opium, or 1 or 2 drops Monsel's solution every four hours.

In the treatment of syphilis by inunction, Prof. Gross directed—

R.—Hydrarg. oleat. (20 per cent.),      ʒj  
Cosmoline,      ʒij M.

Sig.—Cleanse the foot and rub in ʒss of the above on the sole of the foot for ten minutes, cover with a stocking, and the next night repeat the process on the opposite foot; keeping this process up for one week, then intermit for three days and commence again.

For a case of tubercular peritonitis, Prof. Da Costa directed inunctions of cod-liver oil and—

R.—Syr. ferri iodidi,      gtt. xx  
Morph. sulph.,      gr. ¼ M.

Sig.—*Ter die*.

Also

R.—Cocain. hydrochlorat.,      ʒj  
Unguent. belladonnæ,      ʒj. M.

Sig.—Apply to the abdomen.

## THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, JUNE, 1889.

## THE BEEF-TEA FALLACY.

There is no article of diet for the sick which has been more over-rated than the one designated as above. At least ninety-five out of every hundred of the public, including medical men, believe that beef-tea contains all the nourishment of the beef from which it is made; or at any rate they order it and trust to it as though it did. In many long and wasting diseases in which the battle between life and death depends upon nourishment of the patient we frequently find both patients and attendants depending almost entirely on the watery part of beef, or on the water in which it has been soaked or boiled. Let any of our readers who wish to ascertain how widespread this belief is ask a hundred or so of their patients, "What do you do with the beef from which beef tea has been made?" and they will with few exceptions and generally with surprise reply, "Why, throw it out of course!"

The writer well remembers the surprise with which the ladies of the Diet Dispensary in this city received his recommendation to make this beef into meat cakes with the addition of potatoes, onions, pepper and



salt. The suggestion was accepted, and thus from twenty to fifty pounds of the beefsteak was saved from destruction daily, and a great many hungry families were thereby satisfied. The number of pounds of good meat annually wasted all over the world must number many hundreds of thousands. No one ever thinks of feeding a patient on the water in which eggs have been poached. Yet the difference, in the opinion of those who have studied the subject, is not so very great. In beef-tea you have none of the albumin, none of the fat, and only a little gelatin with a solution of salts. In fact, dogs fed on the strongest beef-tea only die after about the same period of time as those fed on water alone. These last experiments were made so long ago that we forget where they were reported. All that can be said in its favor is that it is a pleasant stimulant, and consequently finds its proper place in acute and depressing cases in which the patient can be trusted to live on his own tissues for a short time. In many cases patients soon tire of it, and can hardly be induced to swallow it, while in others it causes severe diarrhoea. It is possible, too, that owing to the gelatin, which has been chosen by bacterologists as the best material with which to make culture fluids, it may favor the progress of such diseases as are characterized by the growth of microbes in the digestive tract. As we stated in a former article on typhoid fever, the temperature seems to range one degree higher when the patients are fed on beef-tea.

Perhaps in most cases it would be better to throw away the beef-tea and give the patient the beef, properly masticated or artificially digested.

The Pennsylvania Legislature has under consideration a bill entitled "An act to establish a State Board of Medical Examiners and Licensers, and to define the powers and duties thereof." Its object is to guard the community against quackery and ignorance

in the medical profession. It is devoutly to be hoped that it will be stringent, and that it will be passed. Medical ethics, as they are called, are at a low enough ebb and in a muddy enough condition in some of the States across the border. Toronto knows what it is to be invaded by eminent foreign physicians and surgeons, advertising consultations free."

We clip the above from the *Mail*, one of the leading lay journals of Canada, as it expresses from the public point of view the necessity for State Board of Examination for the license to practice in the neighboring Republic.

We have been very much gratified during the last few weeks by the reception of several letters from our subscribers expressing their appreciation of the RECORD and of our efforts to give them as much practical information as is possible in the space at our disposal. As this is about the only reward we receive for our labor at present, we appreciate the spontaneous expressions of satisfaction all the more. We might embrace this opportunity to say to those who are pleased with the RECORD that if they could help us to extend the circulation by each obtaining a new subscriber, we could still more enlarge the scope of its usefulness, as we are prevented by want of space from introducing many first-class articles, which are a little too long for our Progress of Science columns, in which we take especial pride.

We have been requested by the General Secretary of the Canada Medical Association to announce that the Grand Trunk Railway has extended to the Association an offer of a reduced rate equivalent to that given by the Canadian Pacific Railway, from all points on their line, so that members may leave for Banff from the station nearest to them on either line at the same cost. This arrangement will also enable members from central Ontario, who wish to do so, to join the Canadian Pacific main line at North Bay.

22ND ANNUAL MEETING  
CANADIAN MEDICAL ASSOCIATION,  
BANFF HOT SPRINGS, ON THE CANADIAN  
PACIFIC RAILWAY, AUGUST 12TH,  
13TH AND 14TH, 1889.

THIS IS TO CERTIFY that the bearer.....  
is a delegate to above and accompanied by.....

.....  
and are entitled to.....tickets at the Special  
Rates to Banff Hot Springs and Return, granted by  
the Canadian Pacific and Grand Trunk Railways.

.....  
General Secretary.

Montreal.....1889.

NOTE.—Departure should be arranged so as to connect with train leaving Montreal or Toronto on the evening of 6th August. Delegates from west of Kingston, going by way of Toronto, and from Kingston, Sharbot Lake and East via way of Montreal or Carleton Junction.

Tickets issued on these certificates will be good only for going trip between 5th and 13th August inclusive, by which latter date the journey to Banff must be completed.

We are requested by the General Secretary, Dr. James Bell, Union Avenue, Montreal, to draw the attention of our readers to the above blank. Those who intend to be present should apply to him as soon as possible for one of them, stating how many tickets they desire.

### BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents: On the Preventive Treatment of Calculous Disease and the Use of Solvent Remedies, by Sir Henry Thompson, F.R.C.S., M.B., Lond.; Sprains—Their Consequences and Treatment, by C. W. Mansell Moullin, M.A., M.D., Oxon. Published monthly. Price, \$10.00 a year; single copies, \$1.00. May, 1889. New York: William Wood & Company, 56 and 58 Lafayette Place.

We pointed out in a recent editorial that all calculous diseases of the urinary organs might be prevented if the urine were never allowed to reach the point of saturation. In this monograph Sir Henry Thompson goes into the subject in his usual lucid and elegant manner, rendering the perusal of the book both useful and pleasing.

EXTRA-UTERINE PREGNANCY—A DISCUSSION. Reprinted from the Transactions of the American Association of Obstetricians and Gynecologists, Volume I., 1888, with an Appendix reviewing Mr. Lawson Tait's Ectopic Gestation and Pelvic Hematocele. Philadelphia: William J. Dornan, Printer. 1889.

As there are a number of beautiful engravings in the book, and the discussion was carried on by

such men as Price, Vanderveer, Walters, Montgomery, Baldy, Townsend, Deaver and McMurtry, it is the most complete exposition of the subject we have ever seen, and cannot fail to prove of interest to all who are engaged in diseases of women.

GENERAL ORTHOPEDICS, INCLUDING ORTHOPEDIC SURGERY. By Dr. August Schreiber, Surgeon-in-chief to the Surgical Division of the Augsburg Hospital. Complete translation from the original German edition, 388 illustrations.

Advancement in surgery during the past few years has been in no department so remarkable as in the treatment of the deformities of the human body. Its history as a specialty is the history of the art of surgery; but the general practitioner of our day, who has mastered the art as a student, does not find it necessary to refer cases of deformity to a specialist except in rare instances. This is as it should be. Prof. von Ziemssen has said that "Every physician should understand the methods of orthopedic surgery and familiarize himself sufficiently with the technical details necessary to their skilful application." The physician who, during his student days, has not acquired the knowledge of, and the readiness in applying bandages and apparatus, will have cause for regretting his omission, for he will frequently be called upon to resort to these measures in his practice, and at times when it will not be possible for him to send his patient to a specialist.

The growing interest on the part of the practitioner in this branch of surgery is indicated by the demand for a comprehensive work upon the subject of orthopedics, including modern orthopedic surgery. The demand calls for a work which, without being a mere compilation, shall include something more than one man's ideas, opinions and inventions, and shall afford a concise statement of our present knowledge on the subject, suitably arranged for handy reference, and sufficiently full in its bibliography to enable the reader to follow the subject more exhaustively if he so desires. In addition to these features the work should contain numerous illustrations of apparatus that have been devised and recommended for use in the treatment of deformities, not alone the latest, but the older as well, for the reason that none are devoid of interest and some may convey suggestions applicable to special cases; careful statements regarding etiology and pathological anatomy of the subjects included in the work, and above all plain methods for early diagnosis and clear suggestions regarding treatment, appear to be the essential features which should be included in a work intended to supply the demand of the general practitioner for a practical book on the subject of orthopedic surgery.

The important work just completed by Dr. August Schreiber, and which has for the first time appeared in English in the June issue of Wood's Medical and Surgical Monographs, is intended to fill the demand above mentioned, and, it is believed entirely fulfils the requirements. Its complete reproduction in this well-known and popular series required the issue of a double number containing 357 pages and embellished with over 380 wood engravings. The number includes also the index of volume II. of the "Monographs," which is completed with this issue. Dr. Schreiber's work is presented in the attractive style which has distinguished the previous numbers of the series, and is undoubtedly a work which will be indispensable to every practising physician.



# The Canada Medical Record

VOL. XVII.

MONTREAL, JULY, 1889.

No. 10.

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## Original Communications.

### LETTER FROM PHILADELPHIA.

DEAR EDITORS,—

As my visit here was made for a definite purpose my letter may not be of such general interest as most of your correspondence usually is. But to those who are doing gynecological work I think what follows will repay them for the trouble of reading. On my arrival I proceeded at once to the "Preston Retreat," at 500 North 20th Street, and reported myself to Dr. Jos. Price, the Medical Director. Perhaps I had better explain what the "Preston Retreat" is. An old Dr. Preston many years ago left a large amount of money in the hands of trustees for the purpose of building and endowing a model maternity institution. The funds at their disposal were so considerable as to place absolutely no limit on any expenditure which might be necessary in any way towards reducing the death rate of midwifery cases; so that as science suggested improvements from time to time the trustees have carried them out. The position of this institution is peculiar. First of all only married women are eligible for admission. Second it has a paid resident physician; not paid in the ordinary sense

of the term, such as two or three hundred dollars a year and board, which would be thought a large sum in Canada or England for such an officer, but paid to the extent of some five thousand dollars a year, with a magnificent private residence free. For these inducements they can get one of the best men. When I say that Goodell held this position for twenty years, only resigning it two years ago when Dr. Jos. Price was appointed, you will admit that nothing is spared in that direction. And when I add that each confinement costs the nice little sum of two hundred dollars, including a six weeks' stay in the Retreat, you will see that it has everything in its favor to make it a model establishment. It has one other peculiarity which contributes enormously to its success, namely, it has no students coming in from the dissecting room and surgical wards to carry death on their fingers. A series of five hundred confinements has just been published without a death, although among them were fifty-two cases of instrumental delivery, many of the mothers having contracted pelves. There was one case of placenta praevia, three of twins, also several face and breech presentations. The secrets of success seem to be absolute cleanliness of person and surroundings, and abundance of water, soap and pure air. As a rule but one digital

examination is made. As the head passes through the vulva the attendant washes the child's eyes with a piece of jute moistened in sublimate solution, so that there has only been one case of ophthalmia neonatorum in five hundred births. Immediately after the delivery the vagina is washed out with clean boiled water, injuries to the vulva are at once repaired, the clothes are changed, an antiseptic pad applied to the vulva, and the patient is put to bed in the ward. As soon as a ward has received its tenth patient another ward is opened up and when it is full another. In the meantime, the patients are moved out of the first ward at the end of ten days, so that in twenty days from its opening all the occupants will have passed on to the convalescent ward, while the first ward is thoroughly cleaned out and left to air until its turn for occupation comes around again. Every two hours a laundry girl makes the rounds of the hospital with a closed basket and gathers up all soiled linen and takes it off to the laundry which is situated in a separate building. There are no water-closets in the house, but at the four corners of the main building there are detached towers connected with it by galleries closed in with glass in winter but open in summer, and in these towers are placed all the baths and w. c.'s. The wards are so placed as to have three sides exposed to the air and sunshine. The mattresses are filled with straw which is put fresh into a clean tick for each patient. Instead of napkins antiseptic pads are used to absorb the lochia. They are made as follows: a napkin of soft loose textured cotton is laid on the table, on it is placed a sheet of waxed paper, which any one can make; then a handful of sublimated jute is laid in the centre, then a layer of absorbent cotton and finally the napkin is caught up at the sides with a few threads. Several hundred of these are kept in stock, and of course they are burned when soiled. It is not often that we are able to carry out our ideal of what

things should be, but in the case of the Preston Retreat there is nothing to prevent it from being a model maternity, and it is one. Every mother must nurse her child which is put to the breast as soon as it is washed, and Dr. Price tells me he has never seen a suppurating breast.

It may be noticed that the ratio of forceps cases is very moderate, about 1 in 10, which is probably another secret of success. The temptation to use them must be very great, for the attendant is allowed to engage in private practice and is one of the busiest men in Philadelphia. On the evening of my arrival no less than three practitioners called in to engage his services in cases for laparotomy, for it is in this branch of gynecology that he is best known. He is an ardent follower of Tait, believing that abdominal section is the best, quickest and safest treatment for nearly all diseases of the female pelvic organs. Thus ovarian cysts, fibroid tumors, malignant disease, adherent ovaries, especially if prolapsed, enlarged tubes, especially if adherent, pyo, hydro and haemato-salpinx, extra uterine foetation should all be treated by removal alone. Especially does he abhor electricity in every shape and form. He is a young man, probably less than thirty-five, quick in speech and action, with deep set eyes which give him an intensely earnest expression. He began his career in the outpatient department of the Pennsylvania Hospital after having been a pupil of Goodell's. He first came into notice by reason of his success in abdominal sections, performed at the domiciles of the poor, often in the filthiest courts and streets in the city, his results being better than is usually obtained in the best appointed hospitals. He was enabled to do this by organizing a voluntary nurses association composed of young ladies who would go to a rickety house the day before an operation and make the patient and her room clean, the former with soap and water and the latter with whitewash.



This association also supplied a clean bed, bedding and night clothes. Others took charge of the patient on the day of the operation. Instead of chemical disinfectants he used distilled water with which he freely floods out the abdominal cavity. The day after my arrival he took me to see some of his cases. One of them, a case of vaginal hysterectomy, performed at a private boarding house, was in charge of a nurse, a bright young girl of nineteen or twenty whom he asked to show me her watch. He had promised to give her a gold watch if she succeeded in nursing forty-five cases of abdominal section in which a drainage tube had been inserted without a death. These were all cases in which there had been serious adhesions and a good deal of oozing, which this faithful girl had removed every half hour with a syringe until the tubes were no longer required. The fact was duly inscribed on her watch of which she was justly proud. Dr. Price tells me that he will have no nurse who was trained before he got her. He wants an intelligent, fairly educated young girl without any professional knowledge, whom he puts to work at once under the direction of a more experienced one whom she relieves at stated intervals. I should say, however, that he presents each with two or three good books on nursing. He never attempts an operation without one or two of these young girls to take the case in hand afterwards. As he performs an operation two or three times a week he must have a number of them on hand. He sends them out to the mining towns around Philadelphia where in the miners' cottages they have often to make their bed on two or three chairs, but they never murmur. It is a pleasure to see him operate for two or three reasons. One is the smallness of the abdominal incision, which is barely large enough to admit two fingers of the left hand. The intestines are never seen. Another pleasure is the rapidity with which he operates, between six and ten

minutes being the average. And the third noticeable feature is the fewness of his tools: the same little scalpel which has done over two hundred sections, three Pean's forceps, one blunt Peaslee's needle armed with a boiled silk ligature for the pedicle, and a triangular needle with the same for the abdominal sutures. I was almost forgetting what in his estimation is one of the most important of all, an enamelled iron funnel with a good-sized tube and a perforated silver-plated round-ended tube with which the cavity is washed out with boiled or distilled water. This irrigator is introduced to the very bottom of Douglas' pouch. Absolutely nothing is given during the first twenty-four hours, no opium, not even a drop of ice-water. If the patient has not passed flatus at the end of that time, small doses of Rochelle salts are given until she does. It may be asked is there not too much of this abdominal section? Assuredly there is. But I must say this, I did not see one case operated on in which there was not grossly evident disease of the tubes or ovaries or else a firm binding down together of these organs by localized peritonitis. Dr. Price insists upon visitors remaining after the operation long enough to see the specimen floated in water, when the long shreds of torn adhesions become strikingly evident. He is a firm believer in gonorrhoeal infection of the tubes and peritoneum, and where this could not be, then a "dirty" confinement is blamed for these cases.

I spent a most profitable day with Dr. Goodell at his private hospital. If I were a sick woman I would sooner trust myself to him than to any gynecologist living. He is so thoroughly safe and conservative. If he decided to operate on me I would know that there was nothing else to be tried and I would submit without a question. He is very much opposed to wholesale laparotomies by general practitioners who will never have occasion to perform more than one or two in a lifetime. In

this connection he related to me an incident which had occurred that very day. A doctor from the country had brought a lady to his office with an enormous ovarian cyst which was probably adherent at many points. Dr. Goodell recommended immediate removal. The country doctor said he never interfered with a patient in the choice of an operator, and as in this case her choice had fallen upon him, the country doctor, he was going to do the operation. Dr. Goodell full of pity for the victim bowed the doctor and patient out wishing him success. The practitioner came running back and asked Dr. Goodell in the hall, "Do you use the clamp now?"

Nothing can exceed the enthusiasm with which his large class at the university receive every word Dr. Goodell speaks. And well they may, for, in addition to his immense experience of twenty years Professor of Gynecology, he has the happy faculty of presenting his ideas in the clearest possible language, and of having a gentleness of manner which attracts to him every one he comes near.

While chatting with him in his private hospital, a rather under middle-aged man came in, elegant in manners, with a very refined but shrewd face whom he introduced as Dr. Pepper, whom I supposed was the son of the Provost of the University. I began to make some complimentary remarks about the great Pepper (his father), when, to my surprise, Dr. Goodell said, "This is the great Pepper himself." I learned from another source that in addition to his great ability as a teacher he was one of the cleverest medical politicians living. He seemed to feel a good deal Dr. Osler's leaving him. In speaking of the latter to several leading men, all admitted that he was the ablest pathologist in America. He has obtained the zenith of power and position, being at the head of the new John Hopkins Hospital, and being entrusted with the great responsibility of forming a faculty. I predict that Dr. Osler will do

more towards the elevating of the standard of medical education in the United States during the next ten years than any other ten men have done in the past hundred.

While waiting at the Gyneccean Hospital for an operation one day, a pleasant faced old gentleman dressed in homespun and wearing a straw hat quietly slipped in and modestly took a seat in the corner. I thought he was some kind old family doctor from the country who had come to see a laparotomy. What was my surprise on learning, after I had talked to him awhile, that he was Professor Theophilus Parvin, whom the whole world knows through his writings.

Dr. Price is the centre of a little Tait school of gynecologists, which includes several very able men, such as Baldy, Penrose, jun., and Hoffman, and women, such as Dr. Formad. It was rather a novel experience for me to witness the latter perform an abdominal section for cystic disease of the ovary. Attired in a becoming muslin dress, and with Dr. Price as assistant, she went about the operation as coolly as possible and had it all over in a very few minutes, the specimen revealing a blood cyst the size of a large walnut. Dr. Price tells me some of the lady operators, of whom there are quite a number, have less compunction about cutting a person open than any men have. If men should ever consult these lady doctors for nervousness I fear the treatment would unman them.

There is one thing very noticeable about all the medical men I have met here yet, and that is their politeness and refinement of manner. This, however, is proverbial of Philadelphia. The saying goes that in New York they ask how much have you got? in Boston, how much do you know? in Philadelphia, who is your family? But I fear that I have already taxed the patience of your readers enough, so will close forthwith.

Yours truly,

A. L. S.



## OUR LONDON LETTER.

*Editor CANADA MEDICAL RECORD.*

SIR,—This month a great variety of subjects has been discussed by the London medical public, and one could find endless opportunities for study and plenty of food for reflection among the proceedings of the various societies—medical, surgical and ethical—which are open to the practitioner.

The regular lectures of the College of Physicians and the usual course of the College of Surgeons have been especially interesting. I have not seen in print Mr. Howard Marsh's lectures, now being delivered at the Royal College of Surgeons, on some points connected with the surgery of tuberculosis, but perhaps the most interesting part of them is his treatment of hip-joint disease. He pins his faith upon complete rest, both of the diseased parts and of the patient, in combination with good feeding, ventilation, etc., for a sufficiently long time to bring about a cure, and he not only urges this plan of treatment in the incipient and second stages of the disease but even in those long standing cases where erosion of the head of the bone and acetabulum has occurred, and where sinuses have formed about the joint—the true third stage—as opposed to the usual treatment by excision. He produced a large number (over thirty) of cases, in half of which this last state of things had been present, where a cure had been brought about and a serviceable limb preserved. Mr. Marsh threw out a challenge to those who advocated operative procedure to show as good results. The lecturer has had a very large experience of diseases peculiar to children and his opinion on such subjects as this ought to carry great weight. The next three lectures are to be delivered by Prof. M. Berkley Hill, on some affections of the genito-urinary organs.

At the College of Physicians Dr. Lauder Brunton has been giving the Croonian lec-

tures upon the relationship between chemical structure and physiological action. There was nothing new advanced, but a good many old facts were put in a strikingly new light. The nature of that mystery, the chemical force, was well handled by him in the second part of his first lecture. His illustration of the effect produced by rearrangement of the atoms in a molecule, or the subtraction of a single atom therefrom, reminds one of the repressed smile which passes round a church congregation when the clergyman makes an effective "hit" during his sermon. The illustrations referred to are not only good but they furnish a hint to other lecturers who deal with deep (and dry) subjects, that it does no harm to descend occasionally from the sublime to a lower level. "Slight alterations," says he, "in the composition of words, the introduction or abstraction of a single letter, will often completely change their meaning, and slight alterations in chemical substances will change their properties. Thus one sees in railway carriages the announcement to passengers "wait until the train stops," modified by some one scraping out the "t" so that it reads "wait until the rain stops," and then some one else scrapes the lower half of the letter "R," after which it reads "wait until the pain stops." I frequently see an example which is indeed a common one both in schools and colleges. On a certain door the words "class room" were originally painted, but certain ingenious students have amused themselves by obliterating first the "c" and then the "l" and turning the original word first into "lass room" then into "ass room." Just as the successive removal of these two letters completely altered the meaning of the original word, so the removal of letters symbolic of two elements from a chemical formula will completely alter the nature of the substance represented by it." Speaking of ptomaines being the cause of diseases as opposed to the early notion that it was the microbe itself and

not its poisonous products that produce morbid changes in the system, he spoke of the early researches of Panum (1856), who showed that the poison in putrid meat for example, was not due to a ferment, since boiling did not destroy it as it did other ferments, like pepsin or ptyalin, and must therefore be an active agent like strychnia. And so on through Selmi (1870), Koch and Kühne, until we now know that although (as in cooking putrid meat) a higher temperature or other germicide may kill off the immediate cause of the ptomaines, viz., the microbes, and so prevent any further formation of them, it does not necessarily follow that these poisonous products are themselves eradicated. He then spoke of an every-day appreciation of this fact which would appeal more effectually, I fancy, to English people than to Canadians; "the practical application of these results in regard to the prevention of disease is that they seem to show that meat which has become tainted by the presence of putrefactive microbes may possibly be cooked sufficiently to destroy the microbes themselves, while the ferments they have formed continue to decompose the meat and give rise to poisonous substances. We can thus see how a cold beefsteak pie, or other cold meat may become poisonous and produce serious symptoms, although there may have been none in it immediately after it had been removed from the oven, and any microbes present were likely to have been killed by the cooking. The frequency with which meat, very slightly tainted, must be eaten in summer, and the common rule of not eating game at all until it is somewhat "high," as it is termed, makes one rather wonder why poisoning by ptomaines formed in such meat and game does not occur more frequently, although I believe that it occurs in a slight degree, more frequently than people are generally willing to allow."

The daily use of cocaine in hospitals and private practice, tends to make one for

get that it is a powerful and exceedingly active poison. Two cases of death from its use, one in an adult from hypodermic injection and the other in a child, whose naso-pharynx had been anaesthetised as a preliminary to the removal of adenoid vegetations, have occurred here lately. I happened to be a witness of the latter accident. Less than six grains (in a 10 per cent. solution) had been sprayed through the nose, when in about fifteen minutes the patient became quite faint but shortly afterwards recovered. The removal of the growths was completed but it was again noticed that the child had become pale and faint and that his pulse was very fast and weak. He soon became unconscious, had a succession of epileptiform convulsions, and in spite of heat applied to the extremities, hypodermic injections of brandy and ether, and inhalations of nitrite of amyl along with artificial respiration, was dead in an hour and a half. The use of a weaker solution of cocaine and the employment of an absorbent cotton applicator instead of the spray would probably answer all necessary purposes and would not be attended by any risk.

An American graduate wrote to one of the London medical journals the other day asking how it is that graduates of New Zealand University possess the privilege of registering under the present British Medical Act, while Harvard, New York, Philadelphia and Canadian graduates are not recognized. The answer given was that *all* foreign degrees are placed by the 11th and subsequent clauses of the Medical Act of 1886 under precisely similar circumstances. If the degrees from American Universities have not been registered the fault lies with them and not with the English authorities. Consequently I scanned the proceedings of the last meeting of the General Medical Council, held a fortnight ago, in the hope of finding some reference to the proceedings taken some time since, I believe, to have the Quebec College of



Physicians and Surgeons recognized here, but failed to discover any trace of it. Has the affair fallen through?

The death of Father Damien, the heroic priest who devoted his life to the care of the unfortunate lepers of the Hawaiian Islands, has roused the public here to a consideration of the whole question of leprosy. The first outcome of Father Damien's death has been the appointment of a large committee headed by the Prince of Wales and composed of men of all creeds and all ranks, to raise funds, (1) to erect a monument to Father Damien on the Island of Molokai, where his remains are interred; (2) to construct a leper ward in London, to be called "The Father Damien Ward," and the endowment of a travelling studentship to encourage the study of leprosy; (3) to institute a full and complete enquiry into the question of leprosy in India, one of the chief seats of the disease, where there are about 250,000 lepers, and no adequate means of dealing with the evil. In accordance with the recommendation recently put forth by the Royal College of Physicians, it is said to be necessary to send out a commission to India in order to discover the steps that should be taken to alleviate and if possible to eradicate the disease. This matter should possess something more than general interest for Canadians, who have more than their fair share of this horrible disease on their own shores.

That leprosy is a contagious disease there can be but little doubt. Such cases as that of Father Damien and many others furnish us with positive evidence which it is idle to attempt to explain away. The fact that numerous persons have lived and do continue to live with lepers without becoming themselves leprous is a merely negative one. On the same grounds might one conclude that because syphilis is rarely spread by accidental contagion, therefore the disease is itself not contagious. The immunity of some persons simply shows that leprosy is not *very* contagious and that some

persons probably display an unknown but large amount of resistance to inoculation. Common sense and the results of scientific investigation point to complete isolation of every case as the only way of getting rid of this terrible disease. I saw in Vienna a sailor affected with the tubercular form of leprosy and in which the bacillus lepræ had been discovered, who was exposed to sources of contagion but for a very short time. Dr. Hawtrey Benson publishes a case where a man became a leper in Ireland. He had never been outside the British Isles, but had slept in the same bed with his brother who had acquired leprosy in India. No doubt that, as in other diseases, the leprosy bacillus requires not only contiguity of soil but is also very particular about the kind of soil, whatever that may be, in which to flourish.

The contrast between the way in which dogs are allowed to go round unmuzzled here and the strict watch kept upon such animals in Germany is about as marked as is the difference between the number of cases of hydrophobia in the two countries. Twenty-two mad dogs have been killed on the streets of the metropolis since the beginning of the year, and now the County Council is about to petition the Privy Council to make compulsory and stringent regulations for the whole Kingdom. Even the killing of unlicensed dogs, as practised in Canada and elsewhere, has been shown to be a great preventative of rabies, to say nothing of the genuine humanity involved in putting out of misery the half-starved and homeless animals that would otherwise rove the streets. In Bavaria, for example, the dog population was allowed to increase at its own sweet will from 1863 to 1876. During those 13 years an average of twenty-two persons annually died of hydrophobia. During the past seven years, while the licensed dog law has been in force, only three deaths from rabies have occurred. An observant lady suggests to me that the

reason English-speaking *men* object to the dog muzzles is that their use rob the street dog fight (an ancient Anglo-Saxon recreation) of its peculiar attractions.

The suspension treatment of tabies dorsalis is attracting some attention here, and as these cases are proverbially difficult to relieve I may be pardoned for drawing the attention of your readers to a short account given of Dr. Bernhardt's paper upon this subject before the *Berliner Gesellschaft für Psychiatrie und Nerven Krankheiten* published in the *British Medical Journal* of June 15th. Briefly, his experience is of 19 patients, who received in all 209 suspensions, with ill effects in none. To begin with, patients are suspended half a minute every other day, gradually increasing to three minutes. Results: (1) diminution and occasional total cessation of the "lightning" pains; (2) patients walk better and longer; (3) bladder power improves; (4) restoration of sexual power; (5) however small the amount of objective improvement every patient felt better, slept better, had less headache, less nausea and less neuralgia. Both Dr. Bernhardt and Dr. Eulenberg (who has had even a more extended experience than the former observer) agree in thinking this treatment only palliative; the ataxed symptoms persist throughout.

Next Sunday (June 23rd) is Hospital Sunday. Although I am not an admirer of the "supported-by-voluntary-subscription-only" system, on which most of the London hospitals are run, I wish they may realise *one-half* as much as they deserve and all will be well.

C. A. W.

London, June 17th, 1889.

## Progress of Science.

### THE TREATMENT OF CORNS.

A saturated solution of salicylic acid in flexible collodion is recommended as an excellent remedy for corns. The corn should be painted twice a day. It takes about twelve days to effect a cure.—*Med. Review.*

### CREOLIN IN GONORRHOEA.

Gonorrhœa, which has resisted other treatment, has frequently yielded in Dr. Margaretti's practice to irrigations, twice daily, with a solution of creolin of the strength of 5 to 8 per cent. administered through a hollow sound.—*Lancet.*

### MOUTH WASH.

The following wash for shrinking the gums is given by various French journals of Pharmacy: Tannic acid, 8 gm.; tr. iodine, 5 gm.; iodide potass., 1 gm.; tr. myrrh, 5 gm.; rose-water, 200 gm.; mix. A teaspoonful in a third of a tumbler of water.

### INJECTION TO DESTROY OXYURIS VERMICULARIS.

The oxyuris vermicularis is said to promptly disappear with injections per rectum of cod-liver oil, pure or made into an emulsion with the yolk of an egg. It is non irritating, and is said never to have failed to effect a cure.—*New York Med. Abstract.*

### SALICYLATE OF SODA IN PRURITUS.

After having tried arsenic, bromide of potassium, atropine, sulphur baths, alkalies, emollients, M. Icard caused the symptoms, which had continued for eight or nine months, to disappear upon the day after the use of the salicylate of soda, three grammes a day. There is still no return of the trouble.—*La Gazette Médicale.*

### NEW DIAGNOSTIC SIGN IN PHTHISIS.

Dr. Sticker, of Munich, has recently called attention to a new, readily recognized symptom of phthisis, which consists of a bright red line of demarcation between the teeth and tongue. Sticker has examined one thousand patients for the purpose. In his opinion the symptoms which may precede tuberculosis, such as pseudo-chlorosis, dyspepsia, etc., are very probably the expression of latent phthisis, if the red line be present, especially in young persons. The absence of the line, especially in female patients, is of no importance. In acute phthisis the line is of a bright red color; in chronic phthisis, of a bluish, and in pronounced scrofulosis, of a white color.—*Med. Standard.*

For a young man, æt, 19, at the clinic with chronic asthma, Prof. Da Costa ordered, to prevent an attack, inhaling pearls of nitrite amyl and twenty drops of tinct. lobelia every half hour till nausea:—

R. Cocain. hydrochlorat., gr.  $\frac{1}{6}$ .  
In pill three times a day.



## A VEHICLE FOR IODIDE OF POTASSIUM.

Dr. A. M. Blair advocates, in the *Boston Med. and Surg. Journal*, the use of milk as a vehicle for iodide of potassium. He says it completely masks the taste, and does not apparently interfere with the therapeutic qualities. Patients who could not tolerate ten grains when administered in water could soon take forty grains in milk with no symptoms of nausea.

## CREOSOTE MIXTURE FOR THE TREATMENT OF PHTHISIS.

Creosoti, ℥xv.; Tr. Gentian, ℥xlvi.; Spir. Vini Rect., f. ʒviss.; Vini Xerici, ad f. ʒiiij. Take of this one-third thrice daily. The amount of creosote may be gradually increased to double this amount. The treatment should be continued for three to twelve months, and its beneficial effects are most marked in recent cases.—*Pacific Record*.

## NITROGLYCERIN IN HEART FAILURE.

Dr. M. H. Firnelli, of Philadelphia, after reporting three cases of syncope in which hypodermic injections of two drops of a 1 per cent. solution were used, remarks (*Med. and Surg. Reporter*): "One who has seen cases of heart failure treated in the usual way can have no conception of the brilliant results which may be obtained by the hypodermic use of nitroglycerin."

## SUPPOSITORY FOR CYSTITIS.

R Iodoform	0 gr. 10 cent.
Ext. of hyoscyamus	0 gr. 07 cent.
Cocoa butter	3 grammes.

Make into a suppository, and introduce into the rectum in cases of cystitis: morning and evening thorough irrigation with luke-warm water. If there is any urethral secretion, take, morning and evening, a pill containing ten centigrammes of terpine.—*Journal of Medicine*.

## ENCOURAGING SCIENCE.

The Vermont Microscopical Association has just announced that a prize of \$250, given by the Wells & Richardson Co., the well-known chemists, will be paid to the first discoverer of a new disease germ. The wonderful discovery of Prof. Koch of the cholera germ, as the cause of cholera, stimulated great research throughout the world and it is believed this liberal prize, offered by a house of such standing, will greatly assist in the detection of micro-organisms that are the direct cause of disease and death. All who are interested in the subject and the condition of this prize, should write to C. Smith Boynton, M.D., Sec'y. of the Association, Burlington, Vt.

## EARACHE.

A liniment is recommended by Paresi for this affection, composed of—

Camphorated chloral	parts v.
Glycerine	parts xxx
Oil of sweet almonds	parts x.

It is applied twice daily on soft cotton, being introduced as far as possible into the ear, and may also be rubbed behind the ear. The pain is almost instantly relieved, and the inflammation in many cases is subdued. The liniment must be kept in carefully closed bottles.—*Pacific Record*.

## ACUTE PTYALISM: TREATMENT WITH SULPHUR.

Dr. Luton writes as follows to the *Union méd. du Nord Est*: Sublimed sulphur is a very much more efficacious remedy than chlorate of potassium in mercurial salivation. The best preparation is to make a 5 to 100 electuary with honey. Or, a teaspoonful of sulphur may be taken (fasting) twice daily, with water. Sulphur is a specific for the most intense forms of hydrargyria.—*L'Union méd.* Jan. 19.

## ERYSIPELAS.

Dr. Hallopeau says he has used the following method in hundreds of cases with cure within a week: A handkerchief folded two or three times is saturated with a five per cent. solution of salicylate of soda and applied to the face, and a piece of oil silk is placed over it to retard evaporation. Soon the tension and swelling of the face subsides, and the eyelids resume their normal appearance. Besides this a calomel purgative, and quinine and salicylate of soda are given alternately.—*N. Y. Med. Abstract*.

## APPLICATION OF STEAM TO THE THROAT.

The *Medical Times* says: "Apropos of the treatment of diphtheria by eucalyptol inhalations, we note that a Scotch physician advocates strongly the use of steam. The child, he says, should live in an atmosphere of steam; with or without the addition of sulphurous acid generated by burning sulphur in the room. He states that since adopting this method he has not lost a case."

In acute tonsillitis, especially the follicular variety, very few remedies at our command give such prompt and decided relief as the application of steam directly to the inflamed surfaces. By using a small gas stove or oil stove on which to generate the steam, it can be carried through three feet of tubing directly into the patient's mouth, as hot as he can bear it. It allays irritation, and relieves spasms of the laryngeal muscles.

## INJECTIONS OF WARM WATER IN EPITHELIOMA OF THE CERVIX.

De Tornyery draws the following conclusions :

1. Injections of warm water at 102.2° to 104° F., for about half an hour, twice a day, morning and evening, disinfect the vagina, cleanse it, and considerably diminish the ichorous discharge.

2. These injections diminish the loss of blood, and improve the general health.

3. In the majority of cases the pains are diminished, so that there is less need of injection of morphine.—*France Medicale*, No. 89, 1888.

## TREATMENT OF PSORIASIS (LIMITED).

The following, having been found very useful in hospital practice here, I append in the hope that your English readers will find it equally useful :—

Pyrogallie acid,	} 5j;
Chrysophanic acid, ana	
Ether and spirit, q s;	
To liquefy.	
Collodion, ʒiij.	

Paint on every three days, after a bath.—*Med. Press*.

## ALARM THERMOMETERS.

Dr. Arnold expresses the opinion, in the *Brit. Med. Jour.*, that many lives are lost by the radical changes that are permitted to occur in the temperature of sick-rooms. This is especially liable to be the case at night. In many business houses, thermometers are used which have electric signals so attached that an elevation of the temperature of the room to a certain degree rings an alarm bell and starts an automatic water sprinkler to work. A modification of this instrument could be cheaply and easily made that would be admirably adapted to the sick-room.

## SALT IN THE SICKNESS OF PREG- NANCY.

In a recent number of the *Medical Press* Dr. Greene records two cases of sickness of pregnancy treated successfully with common salt. In the first case the salt was given in 5-grain doses in 1-ounce of chloroform water. The sickness lessened after the first dose, and ceased entirely when six doses had been given. The medicine was continued three times a day until the end of gestation. In the second case the same result was obtained. The action of the salt in these cases may have been due to its antacid properties; in both cases secretions were very acid, but soda, potash, and ammonia had no good effect. Dr. Green suggests that, as some patients might think the remedy too simple, it should be prescribed by its clinical name—chloride of sodium.—*Jour. Am. Med. Assoc.*

## THE COMBINATION OF ANTIPYRIN AND MORPHINE.

Antipyrin powerfully relieves the pain of incurable cancer. It acts best when given with morphine, the analgesic effect of which it greatly enhances. In malignant affections of the mouth and tongue, which commonly require such large doses of morphine, the relief given by the above combination is very marked. Antipyrin, with its congener antifebrin, forms an especially valuable addition to our resources in cases when, from co-existing renal disease, opiates are not tolerated by the patient.—Herbert Snow, M.D., in *Brit. Med. Jour.*

## TO REMOVE SUMMER FRECKLES,

R White precipitate	} añ 4 parts.
Subnitrate of bismuth	
Glycerite of starch	15 parts.—M.

Apply every second day to the freckles—

Washing with the following lotion mornings and evenings will also suffice to remove the freckles :

R Sulpho-carbolate of zinc	4 parts.
Glycerine	60 “
Alcohol	30 “
Orange-flower water	45 “
Rose water	250 “ —M.

## PUERPERAL SEPTICEMIA.

Prof. Karl Braun in his Vienna clinic treats cases of puerperal septicemia where there is chill accompanied by tenderness in the hypogastric region, and a rise of temperature 102° or over, as follows : The patient lies on her left side ; the speculum is introduced, and the cervix drawn down by a tenaculum. An intra-uterine irrigation of thymol 1:1000 is given, and then the interior of the uterus is thoroughly curetted, and the intra-uterine injection then repeated. A suppository of five grains of iodoform is then inserted into the uterus ; diphtheritic patches on lips of cervix are scraped and painted with tincture of iodine and the vagina packed with iodoform gauze, which is removed after twenty-four hours, and vaginal injections of thymol given every day as long as there is any discharge.—*Dr. Doe, in Boston Med. and Surg. Journal.*

## TREATMENT OF SPASMODIC CROUP.

Dr. Reynolds, of Philadelphia, writes to the *Med. News* that in the treatment of spasmodic croup he esteemed an emetic indispensable as an introductory treatment in all cases. He has found that almost invariably the last meal that the child has taken lies undigested in its stomach. He thinks ipecac is the best and simplest emetic. After the emetic he administers



as large a dose of fluid extract of gelsemium as the age of the child will justify, and from two to four grains of quinine. The following day he gives the patient a dose of castor-oil and two drops of gelsemium every two hours, and the second night a full dose of the latter drug and quinine.

Many cases can be effectually controlled by giving him from two to four grains each of quinine and ipecac, at night. When the paroxysm is on, an effective remedy in controlling it is a mustard hot foot bath. This is better than placing the body of the child in the bath.  
—*Med. Review.*

### NEPHRITIS AS A SEQUEL OF WHOOPING COUGH.

Dr. Stefano Mircoli, of Monterubbiano, has lately called attention to the occurrence of nephritis as a sequel of whooping cough. In 1887, among ten children who suffered from the disease, the attack was followed in two by nephritis, which proved fatal in one of them. The necropsy left no doubt as to the existence of nephritis. In 1888, among thirty five cases of whooping cough, Dr. Marcoli, met with nephritis in four; two of these died, and in one of them a post-mortem examination was made. The kidneys were seen with the microscope to show severe parenchymatous nephritis. No cultivation experiments could be made to determine whether the disease was parasitic or not. The microscope showed no traces of micro-organisms.—*Brit. Med. Journal.*

### CHLORATE OF POTASH IN OZENA.

Dr. J. A. Baetta Neves has recently reported a case in which he succeeded in curing ozena by means of chlorate of potash. The patient, a lad of strumous constitution and suspicious family history, had suffered for some months from chronic naso-pharyngeal catarrh. There was an abundant muco-purulent secretion, often streaked with blood, and very offensive; the nasal mucous membrane was ulcerated in some places and in others covered with dark green crusts. Various local astringents, including borax and alum separately and in combination, were tried without effect. The nasal passages were washed out with douches of a 1 in 100 solution of permanganate of potash in water, 100 grammes being used for each douche, and the application being made twice daily, always preceded by a douche of plain water. In three days the discharge had lost its offensive smell. A solution of chlorate of potash (1 in 30) was then substituted for the permanganate in the douches, and in two months the patient was completely and permanently cured.—*Brit. Med. Jour.*

### LOCAL TREATMENT OF DIPHTHERIA BY CALOMEL.

Dr. Gustav Elwert, of Reutlingen, has found great benefit from the local application of calomel in cases of diphtheria. His idea was that, if calomel could be brought into contact with the diphtheritic membrane, the chloride of sodium in the saliva would act upon the mercury salt and produce corrosive sublimate in minute quantities, which might, however, be sufficient to act as a bactericide to the virus in the membrane. His plan is to mix calomel with two or three times its weight of powdered starch, and to brush out the pharynx lightly with a feather dipped in this powder. This is done three or four times during the day and two or three times during the night. Cold water compresses are applied to the throat, and a mixture containing nitrate of sodium is prescribed for internal administration. The effect of the treatment is soon apparent in the diminution of the membranous patches and of the foul odor, and, where the disease has invaded the larynx, in the decrease of the hoarseness of the voice.—*London Lancet.*

### NIGHT AIR.

An extraordinary fallacy is the dread of night air. What air can we breathe at night but night air? The choice is between pure night air from without and foul air from within. Most people prefer the latter—an unaccountable choice. What will they say if it is proved to be true that fully one-half of all the diseases we suffer from are occasioned by people sleeping with their windows shut? An open window most nights in the year cannot hurt any one. In great cities night air is often the best and purest to be had in twenty-four hours. I could better understand shutting the windows in town during the day than during the night, for the sake of the sick. The absence of smoke, the quiet, all tend to make night the best time for airing the patient. One of our highest medical authorities on consumption and climate has told me that the air of London is never so good as after 10 o'clock at night. Always air your room then from the outside air, if possible. Windows are made to open, doors are made to shut—a truth which seems extremely difficult of apprehension. Every room must be aired from without, every passage from within.—*Sanitary World.*

### METHOD OF ADMINISTERING GLYCERINE ENEMATA.

The occasional complete failure of glycerine enemata in emptying the lower bowel led me, some months ago, to devise a method by which the glycerine could be deposited higher in the rectum than by the ordinary way, on a plane

with or above the fecal mass. I use a small, soft catheter, about 18 Fr., attached to a one-half-ounce hard-rubber syringe. The catheter can be gently inserted five or more inches in the rectum without giving pain. Since using this fewer failures have been noted, and as a rule the movement immediately follows the injection.

Filling a small syringe with glycerine is tedious, and time is saved by unscrewing the cap, removing the piston, and pouring in the desired amount of glycerine, allowing for the small amount that must of course remain in the catheter. Where, as in a hospital ward, several injections are to be given, a larger syringe may be used, and a part given to each patient without refilling.—*Walter Chrystie, M. D., University Medical Magazine.*

### VERTIGO FROM CONSTIPATION.

By B. W. RICHARDSON, M.D., F.R.S., London. E: g.

Persons who are accustomed to have a regular action of the bowels every morning are usually affected with giddiness or vertigo, or with a sense of faintness, if the natural habit be, by any accident, omitted. The reason is a very simple one, and is purely mechanical. The regular habit causes the rectum to be loaded with feces, and when the rectum is loaded there is pressure on the surrounding veins. But, as I have shown by direct experiment, the cerebro-spinal fluid finds its way into the venous circulation by the inferior vena cava and the common iliac veins. When, therefore, there is pressure, causing impediment to the venous circulation in the pelvis, there is at once an interference with the process of escape of the cerebro-spinal fluid, and pressure upon the whole of the cord, up to the cerebrum itself.

The form of constipation here referred to is in the rectum, and must not be confounded with constipation due to accumulation or inaction in the colon. Vertigo with constipation, and with the patient connecting the uneasy cerebral symptoms with the constipation, is an indication that the rectum is loaded, and that relief will follow from a brisk aloetic purge.—*Col. and Clin. Record.*

### PREVENTING MARKS IN SMALLPOX.

Dr. Colleville, in a French medical journal, commends iodoformed vaseline in the proportion of one-twentieth, as a useful application to prevent the inconveniences resulting from the marks of smallpox on the face. Among the advantages claimed for this ointment are these: Often renewed it maintains a certain degree of coolness on the face which is much appreciated by patients, as they generally feel a burning sensation on it; the attendant pain is calmed by the

anesthetic action of the iodoform; it is an antiseptic all ready to disinfect the patient—even the odor of iodoform in this proportion being far less disagreeable than that of the pure substance, though, of course, the odor can be disguised by the addition of some aromatic. But the most important advantage of this ointment consists in its capacity to prevent the formation of scabs, the odor from which is ordinarily so penetrating and offensive, the fact being that in one or two days at the latest the pustules collapse and there remains no ulterior cicatrix to speak of. To cover the characteristic odor of iodoform there may be added to it a few drops of the essence of bitter almonds or a little tannin or Peruvian balsam.—*New York Tribune.*

### EFFECT OF SLEEP ON THE GASTRIC JUICE.

Some investigations which have been recently carried out in Professor Manassein's wards in St. Petersburg, by Dr. S. L. Rappoport, on the effects of sleep on the secretion of the gastric juice are published in the last few numbers of the *Vrach*, and tend to show that the digestive functions of the gastric juice are materially affected by sleep. The experiments were made on the human subject, the gastric juice being withdrawn by means of a flexible india-rubber esophagus sound, the introduction of which is said not to have caused any inconvenience to the subjects of the research. The quantity of the gastric juice secreted during sleep was shown to be very much less than that secreted during waking hours; the chloride of sodium, as well as the hydrochloric acid, were diminished; but the secretion of pepsine did not seem to be much affected. By means of experiments conducted in the laboratory, it was found that the digestive power of gastric juice secreted during sleep was lower than that secreted during waking hours, the difference apparently depending mainly upon the lack of hydrochloric acid. With regard to the rennet ferment, Dr. Rappoport was unable to demonstrate any alteration in its secretion during sleep.—*London Lancet.*

### AN ACTIVE EMETIC.

A correspondent of the *Brit. Med. Jour.*, says:—Several of your correspondents have lately written on the use of apomorphine as an emetic administered hypodermically in intoxication. I cannot see why such a doubtful remedy should be used when we have others more simple and effective. Years since, when in charge of a surveying party on French Creek, near the Alleghany Mountains, the drunken doctor of the village where we stayed the night, when in a state of semi-drunkenness, took a piece of carb. ammoniac out of his surgery bottle and chewed it. The effect was almost magical. The



contents of the stomach were quickly ejected, the usual depression not following, so that he was able to at once resume his debauch. Since then I have tried the remedy many times with great success. The drunkard can generally be roused and got to swallow half a drachm of ammon. carb. dissolved in a wineglass of water, and if drunk off this will prove immediately effective as an emetic and restorer. The reason is obvious. The stomach is cleared, and the stimulating effect of the salt prevents the excessive depression usually following excess. Never having seen nor heard of this treatment being adopted in this country is my excuse for troubling you with this letter.—*Med. Review.*

### ALCOHOL BATH FOR ERYSIPELAS.

Reasoning from the fact that a ninety per cent. spiritus vini is a sure germicide for the coccus of erysipelas, Behrend (*Rundschau*, 5 H. 1889), who was in charge of a large penal hospital, in which erysipelas occurred frequently, determined to try it as an application. He was fortunate in being able to begin the treatment of all the cases in their incipency before grave symptoms arose. All the patients were required to bathe the affected parts and extending one-half-inch beyond the border into the healthy skin, three times daily, with a 90 per cent. alcohol. The result was a complete arrest of the disease, without exception, and in three to five days a cure. This method gives very quick results, and is not as painful as that recommended by Hueter, of carbolic acid injection; or Ebstein's modification, namely, the external application of a 5 per cent. carbolic acid ointment; although the latter claims to have had first-rate results, and no carbolic acid intoxication from absorption, even when the acid was detected in the urine. Ebstein has treated by this method twenty-seven cases, involving the skin of the head, face, neck and lower extremities.—*Va. Med. Monthly.*

### TURPENTINE IN POST-PARTUM HEMORRHAGE.

"For some years," writes a correspondent, "I have used spirits of turpentine in post-partum hemorrhage, and, in every case, with the best results. When the ordinary means, *i. e.*, friction over the uterus, irritation of the uterus by introduction of the fingers, cold, hypodermic injection of ergotine, etc., failed, by saturating a piece of lint with the turpentine, and introducing it in my hand into the uterus and holding it against the walls, rapid contraction took place, and all hemorrhage instantly ceased. In one or two cases, when the patient was almost pulseless, it seemed to act as a stimulant. On no occasion did its action fail,

nor did it cause the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it to be much quicker and safer in its action than any other remedy; it does not cause any injurious result, and besides, it is much more easily applied. In country practice, getting hot water, or using injections often entails loss of valuable time."—*Lancet*

### INFLUENCE OF THE ELECTRIC LIGHT UPON THE EYES.

Lubinsky said that during the past ten years he had had under his observation thirty cases of ocular symptoms in young men whose occupation was that of taking charge of electric light apparatus. He has given the name photo-electric ophthalmia to the affection, the chief signs of which are as follows: The symptoms commence during sleep, the patient is awakened by a profuse flow of tears, accompanied with intense peri-orbital pain. There is also acute photophobia. Externally there are oedema of the lids and very marked peri-corneal injection. Ophthalmoscopically one finds hyperæmia of the disc, and sometimes a venous pulse in the retinal veins. After a time, which varies between an hour and a half to three hours, these phenomena abate, the patient again falls asleep, and in the morning he awakes feeling nothing amiss, except a little fatigue in his eyes. Sleep is an indispensable condition for the development of the disease; this is so markedly the case that if the patients who have exposed their eyes in the morning to the electric light fall asleep after their midday meal it will be during the "siesta" and not during the night that the ocular trouble will show itself. The symptoms appear to be due for the most part to hyperæmia of the optic nerve, and to lesions of the nerve filaments of the cornea. Maklakow (of Moscow) showed evidences on his hands of an erythema which had been caused by the action of a voltaic arc which proved the calorific effect of the electric light.—*Med. Press.*

### THE TREATMENT OF SPINAL CURVATURE.

Agnew, in discussing the treatment of spinal curvature, said: "Massage will be found beneficial in the early stages of lateral curvature from muscular disability. It is best applied before the patient goes to bed, so that a period of rest may succeed the fatigue consequent on the muscular exercise. As a substitute for massage I frequently use rubber 'muscle beaters' in the form of balls, or cylinders. A form of drill is also of service, the patient being instructed to walk up and down a room with something

balanced on the head. Muscles which have been beaten or exercised in this way, should not be overtaxed by the patient maintaining an erect position. Complete rest should be insisted on. Extension by means of the chin strap and tripod should be employed three or four times each day, each seance lasting a few minutes. Strict attention should be paid to general hygienic treatment. As the patients are generally anæmic, or rickety, they should have plenty of fresh air, good milk, cod-liver oil and iodide of iron. In a large number of cases when seen in the earliest stage nothing further is necessary, but when the disease is of long standing and the curve pronounced, a mechanical apparatus is necessary. The best is a plaster-of-Paris jacket, carefully applied and made to lace. It should be put on before the patient rises, and not removed at night until he resumes the recumbent position."—*Cincinnati Med. News*

### BORAX IN THE TREATMENT OF DIPHTHERIA.

Dr. L. Noël, of Noyers-Saint-Martin, has had considerable success with the following treatment, practised by him for the last four years.

Starting with the belief that diphtheria is not a local but a constitutional disease, he sought a remedy which could be introduced into the system in quantities large enough, so to speak, to "crowd out," and not merely modify the action of the poison. The author thus selected borax from all other antiseptics, as bearing administration in large doses without danger to the patients.

In epidemics of diphtheria, the author administered nothing but borax, with but three deaths out of sixty cases thus treated.

The author claims that this agent produces a rapid and abundant salivation; and, in being eliminated by the salivary and muciparous glands of the throat, it softens and detaches the false membranes.

The dose is from 8 to 15 grains in an infant below one year of age; of from 15 to 22 grains for two to five years; of 30 grains for five to ten years; and from 45 to 75 grains for adults, according to the strength of the patient and the severity of the disease. No better results were obtained from 200 grains or over than were obtained from 60 to 75 grains. The doses are to be equally divided, and given hourly, except during sleep.

In order not to disgust the patient, the correctives in which this salt is given must be frequently changed, as the administration of this medicament must be continued for some time after all symptoms of the disease have passed off, the author having administered it to two patients uninterruptedly for four and six weeks.—*Revue Thérapeutique, Dec. 15th, 1888.*

### CARDIAC FAILURE IN DIPHTHERIA.

At the meeting of the New York Academy of Medicine on November 1st, Dr. J. Lewis Smith read a paper on Sudden Heart Failure in Diphtheria: its Pathology and Treatment. After discussing the various hypotheses advanced to explain this occurrence, such as degeneration of the muscular wall and cardiac thrombosis, Dr. Smith inclined to adopt the theory of deficient innervation, making it indeed a form of diphtheritic paralysis; the frequent association with vomiting and dyspnoea suggesting that the pneumogastric is the nerve implicated. The modern view of diphtheria is, he said, that the systemic infection is due to ptomaines produced on the surface by the microbes that are the cause of the disease; and on this view the neuritis, myelitis, etc., are produced by the same toxic influence. Dr. Loomis believed that heart failure early in the course of the disease was due to the systemic poisoning, and that when heart failure occurred in advanced stages of diphtheria, it was due to peripheral neuritis. Dr. Beverly Robinson contended in favor of the cardiac failure being due to thrombosis and granulo-fatty degeneration of the walls of the heart. All the speakers agreed as to the paramount importance of disturbing the patient as little as possible. The President, Dr. A. Jacobi, pointed out that paralysis of the muscles of respiration might occasionally be mistaken for cardiac failure in the later stages of diphtheria. He said that alcohol was an invaluable agent in diphtheria, and if he were limited to one remedy he would select it.—*Cincinnati Med. News.*

### CHILBLAINS.

An interesting correspondence has recently taken place in the *British Medical Journal* regarding the treatment of chilblains. One correspondent says that the socks or stockings should be of wool and not too thick. They should be thoroughly dry when put on, and changed as soon as they become damp, either from perspiration or moisture leaking through the shoes. For this reason the socks should be changed immediately after taking exercise, and the same shoes or boots should not be put on again unless they are quite dry. The same pair of socks should not be worn for two consecutive days, but each pair should be washed, or at least thoroughly dried, before being worn a second time. On no account are the socks to be allowed to dry on the feet, and the practice of putting the feet before the fire is to be condemned. Chilblains are most prevalent when the weather is both cold and damp. It is important to insist upon regular exercise and a moderate diet, and to sedulously prevent constipation. For the immediate relief of itching nothing is better than soaking in hot water. Iodine is the best



external application. It should be applied—either as an ointment or tincture of twice the ordinary strength—once or twice daily, as long as the skin remains swollen or red.

Dr. Robert McBride thinks the following as most efficacious:

R Lin. Belladonnæ (Br. Ph.)	ʒ 2
Lin. Aconiti (Br. Ph.)	ʒ 1
Acid. Carbol.	m 6
Collodii Flex.	ad ʒ 1

M. To be applied with a camel's hair pencil every night to the parts affected.

Dr. G. E. J. Greene has found the following application a useful one, even when the chilblains are broken:

R Olei Ricini,	
Olei Terebinth,	
Collodii Flex	āā ʒ 4

M. To be used twice or thrice daily.

Dr. B. Nichols speaks very highly of the following:

R Spir. Camphor	ʒ 2
Tr. Opii	ʒ 2
Acid Carbol.	gr 40
Alcohol	ʒ 4
Aque	ʒ 4

If the skin is broken, this lotion may be diluted with water and applied on lint or with a soft rag.

Another writer states that, if the chilblains are painted with equal parts of compound tincture of iodine and collodion, three or four times, considerable benefit will follow. He has never known this treatment to fail since he first tried it, some ten years since.

#### ON THE VALUE OF PILOCARPINE IN PREGNANCY, LABOR AND THE LYING-IN STATE.

Dr. John Phillips, who read his paper, gave as his reason for bringing this subject forward, the uncertain and diverse opinions held upon the value of pilocarpine. He has treated the questions at issue under five heads: (1) The use of pilocarpine as an abortive; (2) for the induction of premature labor; (3) intra-partum; (4) post-partum and during the puerperium; and (5) in albuminuria with or without eclampsia.

Seven cases have been experimented upon and the results given in detail. Forty-eight cases under the second heading have been collected from all sources, of which twenty-seven have been arranged in two tables, while two original ones have been appended in full. The author concludes that five only of these can be considered as unqualified successes, and thinks that pilocarpine is able in a certain number of cases to induce labor, but that it is not in any way reliable as an ecbotic; those cases in which

there is a tendency to premature termination of pregnancy being most suitable for its administration.

Pilocarpine intra-partum is considered under three heads: (a) The "latent period" of labor; (b) the dilating stage of labor; (c) the expulsive stage of labor. Five instances occurred in the author's practice, and in one sphygmographic tracings were taken at various intervals. The result of thirty-nine cases is worked out—twenty-eight being successes and eleven failures.

The author concludes that during the dilating and expulsive stages of labor pilocarpine is equally productive of increase and intensification of labor pains with ergot, but with more certainty of action and with none of its ill effects. Cases of simple uterine inertia are the most suitable for its administration. The drug is useless post-partum and to stay hemorrhage.

In a third table the results of thirty-nine published cases of puerperal eclampsia have been given, with recovery of thirty-one mothers and eight maternal deaths, or 20.5 per cent. Although good effects were produced in twenty-eight cases, yet in nine such dangerous symptoms manifested themselves that the author is bound to warn others against its use, especially when coma is pronounced. He recommends bleeding in conjunction with pilocarpine where it will not act alone, and adduces evidence to show that the mortality is not greater under this mode of treatment than in any other. Statistics of treatment by other methods are given and the results compared. The question of the reason why pilocarpine is productive of uterine pains is discussed and three theories given; the "latent period" of the drug is referred to and illustrated by cases.

Further remarks are made upon the action of pilocarpine on the fetus, complications attendant on its use, the proper dose for administration, and contra-indications.

The paper terminates with conclusions as to its value, and the precautions to be observed when used.—Transactions of the Obstetrical Society of London in the *American Journal of Obstetrics*.

#### TREATMENT OF CANCER BY OZONE WATER.

Dr. F. Schmidt, Aschenffenburg, Bavaria.—In two cases of cancer the author obtained astonishing results from the parenchymatous injection of ozone water. After an observation extending over four months he thinks himself justified in the conclusion that ozone water, used in this manner, is capable of retarding the growth of cancerous nodules and causing their disappearance. He reports the case of an old man of 60, from whom ten years previously he had extirpated a small cancer of the lower lip.

The patient presented himself again in July, 1887, with an extensive cancerous growth in this region, which necessitated the removal of the lower lip and soft parts as far as the symphysis. In November he returned with an extensive recurrence and marked cachexia. After four months' treatment with injections of ozone water the tumor on the lower jaw had partly disappeared and partly been converted into a dense, hard mass, which was firmly attached to the jaw. The ulcers had healed. The right sublingual gland was very hard and firm, but this had come on within the last few weeks, during which the patient had withdrawn from the treatment, and was probably due to a recurrence.

The second patient, a man aged 56, suffered from an epithelioma at the inner angle of the eye of many years' duration. Injections of ozone water were employed during two months and effected a perfect cure, the ulcer being replaced by cicatricial tissue.

Schmidt thinks that ozone destroys the cancerous masses without attacking the normal structures or the body at large. He employs it in the strength of 50 milligrammes or 2 decagrammes to the litre of water. Before use the solution is always tested with iodine and starch, the color produced being an indication of its strength. The injections are made with a Pravatz syringe. The number varies with the extent of the cancerous area, ranging from one to forty per day. They are made at different depths, both into the diseased part and the healthy surrounding structures. The syringe should not be cleaned with carbolyzed fluid before injecting, as the ozone is decomposed by the acid. Schmidt also injects the solution into suspicious or swollen lymphatic glands. When dilute solutions are used the pain is slight and disappears within half an hour. Locally, some oedema and slight redness are observed, especially if strong solutions have been employed. These symptoms of reaction persist a few hours or days, according to the strength and frequency of the injections, and may serve as a guide to their administration. The injections should not, however, be suspended for more than two or three days.

During the time that this treatment was used the cancerous sores cleared up perceptibly, became smaller and cicatrized. The nodules also became smaller and harder, so that the introduction of the needle was difficult. Later the affected parts frequently showed a peculiar condition: The swelling became more persistent, the tissues were firm, oedematous, of a bluish-red color, and painful. On sections of these parts there was found an apparently healthy and subcutaneous tissue, and beneath this a dense, doughy mass. Microscopical examinations showed only a small number of cancer nests. No ill results were observed from the

injections, and suppuration never occurred. In degenerating and suppurating cancers Schmidt recommends previous curetting and applications of the thermo-cautery. Taking all in all the injection method is especially indicated for recurrent cancers and cancers which are not readily accessible to operative procedure.—*Münchener Medizin Wochenschrift—International Journal of Surgery and Antiseptics.*

## THE VALUE OF SALICYLIC ACID IN DERMATOLOGY.

Dr. C. Heitzmann, of New York, read a paper on this subject. He has been using the remedy for the last three years. It has two well-marked properties. The first is the peculiarity of acting on the horny layers of the epidermis, which it first softens and then destroys. Its other action is as a parasiticide. These two properties open a large field for research. We should be careful not to include cases where we have merely "impressions" as to its value; but there are many cases in which there can be no question as to its utility, and in some of these it had never been used before.

The remedy may be used as a powder, a plaster, or in the alcoholic solution. It has the advantage that it does not discolor the skin or linen, and has no odor. It was used in twenty-four kinds of cases.

In hyperidrosis its action is well known. The German soldiers use it in a one-per-cent salve of tallow, applied to the feet when upon the march. In seborrhœa, especially when combined with acne, it has given brilliant results. One per cent. of the acid with six to eight per cent. of sulphur is an excellent application for dandruff. A prescription with tar the reader likes better, but it is less agreeable to the patients. In urticaria it is an excellent means of allaying the itching. In furunculosis an ointment of six to ten per cent. has prevented an outbreak and checked the disease. But to be sure of results the quality of the acid must be guaranteed. In two cases, where the prescription was filled at random, there was no good result, but when Shaering's salicylic was substituted the effect was immediate.

In one case of dermatitis herpetiformis a lotion of the acid proved the best thing the patient had tried, although it was not capable of smothering the disease or preventing recurrences. In psoriasis, after the chrysarobin and tar, it is the very thing to be applied, though the peeling off of the scales is not as rapid as with other remedies. In lichen planus the salicylic acid is far superior to carbolic acid or sublimate. It can also be applied over a larger area with safety. It allays the itching, removes the scales, and flattens down the papules. The reader had prescribed three-per-cent. solutions,



which were to be diluted at the beginning of treatment. Six cases were treated, and all did uniformly well without the administration of arsenic.

In all varieties of eczema the results were satisfactory. Ninety-six cases were treated, using generally one per cent. of the acid, with equal parts of zinc powder and starch in two parts of ointment. If it is eczema madidans one half per cent. is better. In acne, a three-per-cent. solution will remove pigment patches, assist in removing comedones, and render the skin soft. In acne rosacea the results were good, but in syccosis less good. The remedy does not seem to penetrate deeply enough between the furrows.

In impetigo contagiosa it is the remedy which will cure the disease in ten or twelve days. In keratitis senilis, callosity, clavus and verruca, its action in removing the thickened portions is well known. In ichthyosis it is easy to remove the scales, but they will return. In lupus erythematosus and lupus vulgaris the results were brilliant at first, the excrescences flattening down rapidly at first, but not a case was cured. For pruritus in the shape of a lotion it is excellent.

In tinea the solution with gutta-percha is better than Taylor's remedy. But generally the disease will not be cured by any one remedy, and we are only too glad to have more than one. In tinea versicolor a one-per-cent. solution is effective.—*Proceedings American Dermatological Association*, 1888.

#### TREATMENT OF FECAL ACCUMULATIONS.

These accumulations are to be treated locally, and it is a mistake usually to give cathartics at first. Enemata are doubtless the most efficient means known of dealing with fecal accumulations. The injections should be copious, and should be given where possible in the knee-head, knee-elbow, or lateral position. The best material is water at a temperature of about 100° Fahr., though there is no objection to soap and water, or turpentine and water, or oil. It is advisable to dispense with the use of an anæsthetic, unless the mass is situated low down in the colon, within easy reach from the outside, as the patient's sensations are often of great service as a measure of the force to be used, or the amount injected, and the presence of deep ulcerations cannot frequently be excluded. The fluid, enough to fill the colon, should be slowly introduced and be retained for some fifteen minutes, and the mass be kneaded gently. The best instrument, according to Treves, is the inflator designed by Mr. Lunt, of Manchester, England, as it allows of very large injections without permitting the escape of any fluid from the anus. By its use such enemata can be given without assistance. I have used the ordinary

syringe stem with a rubber shield shaped like a doughnut, the central hole being quite small.

Where the seat of the tumor is the cæcum, and accompanied by tenderness and fever, the procedure advised by Harley seems to be the best. After a fair amount of fecal matter has been brought away by the enemata, given every six or twelve hours, he causes the patient to take half an ounce of castor oil, with two teaspoonfuls of brandy, and eight or ten minims of laudanum or deodorized tincture of opium, and repeats the dose after each evacuation produced by the enemata. In this way two or three fecal motions are produced daily, to the great relief of the patient. The tumor decreases and becomes less tender daily, and in cases of ordinary severity the cæcum will be emptied in the course of one week, and the patient restored to convalescence. Where there is much pain, a hot flaxseed and mustard poultice should be kept applied to the abdomen. The subsequent treatment should be that of typhoid fever, and for one week or more after all pain and febrile disturbance have ceased there should be no solid food given. If the case is severe and protracted there is a tendency to reaccumulation in the cæcum. To avoid this an occasional dose of castor oil should be given, a compress worn with a flannel bandage over the region of the cæcum, and massage be made over the part. Strychnia in some tonic infusion may be given to promote tone in the weakened intestinal wall.

Where the accumulation is in the rectum, it is sometimes necessary to dig it out with the handle of a spoon or the fingers. A device described by Duke in the *British Medical Journal* would appear to be serviceable at times. It consists of a brass, nickel, or silver-plated speculum armed with a plug, which when pushed forward allows fluid to be injected into the gut through a hollow pipe at the side. He thus describes its use. The speculum is gently introduced, and when placed the plug is pushed up, which raises the cover and allows the fluid injected to penetrate the mass or accumulate above it, as the case may be. The mass is thus either broken up or soaked and its removal facilitated. When all has passed which will, and still large, hard, lumps present, and form a ball valve which want of tone in the bowel and abdominal parietes does not allow of the patient being able to expel, he supports the abdomen with a tight roller, and introduces as large a cylindrical vaginal speculum as will pass through the sphincter, and breaks up through it what will not freely pass, by means of a spoon handle. This he thinks saves much pain and the frequent introduction of the fingers, which produces so much subsequent soreness and discomfort.

After the mass has been cleared away the case is resolved into treating the condition on which the accumulation has depended, if it be possible to make it out.—*Coll. and Clin. Record*.

## SIR MORELL MACKENZIE ON THE TREATMENT OF ACUTE AND CHRONIC TONSILLITIS.

On Tuesday, December 4th, Sir Morell Mackenzie visited the throat clinic at the Edinburgh Eye, Ear, and Throat Hospital. He examined a number of the patients, and in the course of a short clinical lecture made the following remarks:

There are two forms of acute tonsillitis, the superficial and the deep. All of you must be well acquainted with these familiar diseases, but perhaps you will like to hear my experiences of the treatment. The superficial is not very serious; it is, however, painful, and it is apt to recur; a person who has had it once is very likely to have it again. This is true of both forms of tonsillitis, but is particularly so of the superficial. The interior of the follicles becomes inflamed and secretes an unhealthy mucus, and they never thoroughly recover. In all inflammations of mucous membranes the membrane does not really get well, though it may appear to do so. A celebrated French surgeon has said that he does not believe that a person ever really recovers after a gonorrhœa. This is true of the follicles of the throat. A person who has once had acute tonsillitis never really gets well, though he may appear to do so. The treatment, therefore, is important. One of the most popular remedies is aconite—originally, I believe, a homeopathic drug, but now used extensively by allopaths (though I object to the term)—and strongly recommended by Dr. Ringer. It has certainly never, in my hands, proved to be of the extraordinary value which he asserts. On the other hand, I have found guaiacum, which used to be given in the form of the ammoniated tincture, very efficient. I recollect a Manchester surgeon, Dr. Crompton, who used to come a good deal to the Throat Hospital about the time it was founded, telling me I should find much more benefit in giving it in the form of a powder; and I did so, letting the patient take a pinch of the resin. This was rather disagreeable, and after a time I had it made into lozenges containing about three grains in each. In this form it makes an excellent remedy. Nine cases out of ten will get rapidly well if one of these lozenges is given every two hours at the outset. I sometimes also apply locally a little bismuth and opium, or an eighth of a grain of morphia with a quarter of a grain of starch, because the problem is not only to cure the patient, but to keep him comfortable till he is cured. Sometimes the guaiac causes a little diarrhœa, which is not altogether disadvantageous, but the morphia is usually sufficient to check it. What I have said about guaiac applies to acute inflammation of any part of the back of the throat. Dr. Home has said of guaiacum, "*Instar speciei in hoc morbo operatur.*" It is really specific. I have used it for fully twenty years, and I assure you

it is one of the best remedies you could have. It causes a slight stinging sensation, and this is an additional reason for using the morphia.

Occasionally this superficial or follicular tonsillitis, if not checked, passes into the deep or parenchymatous form, and the structure of the gland becomes very much affected. When the deep inflammation occurs you must bring it to an abscess as quickly as possible, and open it. Trousseau has pointed out that some inflammations *begin* in the deep part of the gland, and these you can't check, as a rule, though you may sometimes succeed with guaiac. I have done so in two cases lately. We are usually, however, called in too late. When you find you can not stop the disease, give inhalation of benzoin, hop, or conium, and apply poultices to the outside of the throat. Directly you can see fluctuation, make an opening. As the tonsillitis develops it prevents the patient opening his mouth, and there is some difficulty in getting at the abscess. This is the reason why surgeons sometimes have to let the abscess burst, but this should be avoided, if possible, because it has been followed by dangerous and even fatal hemorrhages. I generally use a curved and guarded bistoury, of which only the last quarter of an inch has a cutting edge, but an ordinary bistoury, the greater portion of the edge of which is covered with diachylon, may also be used. The incision is made with the cutting edge directing inward to the center of the mouth. You must never cut outward, for there is then the danger of wounding the carotid. I would recommend you to incise in cases in which you may be quite certain of fluctuation. A slight puncture, even if pus is not evacuated, does no harm. The use of leeches was at one time common, but Louis the French physician proved that they did not cut short the disease by more than one day, and therefore their application was not desirable. Leeches have the effect of increasing the inflammation rather than otherwise if less than six are applied. Chronic tonsillitis, or hypertrophy of the tonsils, proceeds from two causes. A large number of the cases are the result of a low form of inflammation occurring in childhood. The structure in childhood is very prone to become inflamed. If the tonsils are considerably enlarged, it is important to remove a portion of each. You should never speak of "cutting out the tonsils," as this sounds very alarming to the patient and his friends. Say that you mean to remove only "the diseased and enlarged portion." It is a consideration, when you should do this, how much enlargement should there be before the operation is performed? First of all the question of size is entirely relative. In a large throat the tonsils may grow to a considerable size, and the patient still do quite well. In a smaller throat this would not likely be the case. If the tonsils touch each other you can have no doubt as to



the propriety of taking away a piece. If adult patients come to you with the tonsils slightly enlarged, it is an important question whether you should cut off a portion or not. If the enlargement is associated with frequent attacks of acute inflammation, you ought then to cut away a piece. There is another condition which requires a similar proceeding. When the follicles of the tonsils are much enlarged, you can not cure it except by taking off a section, which may be not more than one-eighth of an inch thick. You thus clear away the walls of the deep follicles and get a flat instead of a "worm-eaten" surface. As to the method of operating, many surgeons do it with a bistoury, and Sir William Ferguson, a great surgeon, for whom I had the greatest admiration, used to perform it in this way; but it was terrible to see the patient struggling with the mouth half full of blood before the operation was completed. Great surgeons will do all they can with a knife instead of what they call a "machine." I always perform the operation, however, with a "machine," a tonsillotome. The particular form I use is a modification of Physick's. The great advantage of this is that its mechanism is quite simple, and my modification enables the handle to be fixed on either side of the blade, so that the operation may always be performed with the right hand if the operator desires. As a general rule lightness of touch is the chief desideratum in operating, but in tonsillotomy it is the reverse. Heaviness of touch is the important thing. The tonsillotome must be pressed well over the tonsil, which is also to be projected into by pressure with the left thumb placed under the angle of the jaw. I once had a colleague who could do very little else, but he took off tonsils marvelously, and as I watched him I observed that it was this heaviness of touch that made him so successful. If you don't attend to this you will not take off nearly so much as you desire. Patients have come to me, a week or a fortnight after the performance of the operation by another surgeon, saying that the tonsil had been removed but has grown again! This of course means that enough was not removed at the operation. It is most important to take off enough. Hemorrhage from this operation is rare, but it has occurred, and the carotid in some instances has had to be tied. I once had a serious hemorrhage to deal with some twenty-five years ago. The usual styptics, and even the cautery failed to relieve it. At last I tried a remedy which I have used ever since with perfect success. A chemist had informed me, a short time before, that a small quantity of gallic acid would prevent tannic acid dissolving. I mixed two parts of the tannic and one of the gallic in a little water, and gave the patient two teaspoonfuls, telling him to sip them slowly. The bleeding stopped almost at once. We have since used the same preparation at the Throat Hospital, and always

with perfect success. The patient must be told to *swallow* the liquid, not gargle. Application with a brush will do no good. He should swallow the fluid slowly as if it were difficult to get it down, and must on no account wash out his mouth or gargle.—Dr. J. M. Ross, *Edinburgh Medical Journal*.—*Amer. Pract. and News*.

#### THERAPEUTIC BRIEFS.

A wash of equal parts of lactic acid and glycerine is said to remove freckles, and to be harmless to the skin.

Dr. Nicolai (*Gazette Méd.*) employs in the night sweats of phthisis an embrocation of 3 ij chloral hydrate dissolved in a tumblerful of brandy and water, the patient being rubbed all over, for a few nights successively, with a sponge dipped in this solution.

According to the *University Medical Magazine*, ichthylol four drachms, fresh lard two to three ounces, rubbed in freely, is very beneficial in enlarged glands, erysipelatous skin and in the swollen and stiffened joints of a convalescing case of acute rheumatism. Two to five drops encapsuled internally is said to surpass the salicylates in inflammatory rheumatism.

For Seborrhœa Sicca of the scalp, Vidal (*Progrès Méd. in N. Y. Med. Jour.*) suggests the following treatment:—

Precipitated sulphur,	p. xv
Castor oil,	p. l
Cocoa butter,	p. xij
Balsam of Peru,	p. ij.

Mix the sulphur and castor oil thoroughly, then add the cocoa butter by the aid of a gentle heat, and finally the balsam. Rub the ointment into the hairy scalp every morning and evening.

Dr. W. Devine, (*Boston Med. and Surg. Journal*, November 15, 1888,) has used strophanthus in a number of cases of Heart Disease, organic and functional, with beneficial results. No digestive trouble or cumulative effects have been noticed. He has used strophanthin in several cases in doses of  $\frac{1}{10}$  to  $\frac{1}{50}$  of a grain, being more efficacious in urgent cases than the tincture of strophanthus. The adult dose of the tincture is *gut. x*; it may be increased to *gtt. xx*.

Prof. Dujardin-Beaumetz, in *Therap. Gazette*, Jan. 15th, 1889, in a lecture on Disinfectants, after a long enumeration of the articles employed, states that "the one disinfectant above all is moist heat when it attains the temperature of 110° to 115° Centigrade; but as this degree of heat is not applicable to all the circumstances where disinfection is demanded, we must also employ the liquid and gaseous disinfectants. At the head of the first we must place corrosive sublimate, which is without an equal; then

sulphate of copper. Among the gaseous disinfectants, you must give the first place to sulphurous acid and chlorine."

Creasote may be administered pleasantly as follows, according to the *Deutsche Medizin. Zeitung* (in *N. Y. Med. Journal*):—

R. Creasoti,	p. j
Tinct. gentian.,	p. v
Alcohol.,	p. xv
Vin. Tokay,	p. lx M.

Sig.—A tablespoonful twice a day in a glass of milk.

For Burns, *L'Union Méd.* (in *N. Y. Med. Jour.*) recommends the following formula:—

R. Iodoformi,	p. 80
Extract. conii,	p. 40
Acid. carbolic.,	p. 1
Unguent. rosæ,	p. 600. M.

A correspondent is informed that Dr. Carl Seiler's Antiseptic Spray, for reducing acute and subacute inflammation of nasal mucous membrane, is the following, according to *Med. Age*:—

R. Sodii bicarb.,	3 viij
Sodii bitor.,	3 viij
Sodii benzoat.,	
Sodii salicylat.,	āā gr. x
Eucalyptol,	
Thymol,	āā gr. x
Menthol,	gr. v
Ol. gaultheriæ,	gtt. vj
Glycerin.,	3 viiiss
Alcoholis,	3 ij
Aquam,	q. s. ad. Oxyj.

This formula gives a solution which is sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and as it is of the proper density, it is bland and unirritating, leaving a pleasant feeling in the nose.

At the same time it is antiseptic and acts as a deodorizer, being in this respect far superior to Dobell's solution or any other non-irritating deodorizer and antiseptic. As it is, however, inconvenient for many patients to have so large a quantity of solution on hand, one of our Philadelphia druggists made the solid ingredients into a compressed tablet, so that one, when dissolved in two ounces of water, will make a solution identical in its effects with the solution made after the above formula, and patients prefer the tablets to the solution.

## HOW TO PRESERVE THE HANDS.

Surgeons, obstetricians, nurses and others who are compelled to use the various antiseptics, often experience considerable trouble from reddening, eczema and cracks of the skin of the hands, the result of repeated washings and

scrubbings with antiseptic materials. Sometimes this condition becomes such as to demand entire abstinence from the use of them for a while.

Fluid antiseptics produce especially a roughening of the skin of the hands, which results in a cracking when the hands are subsequently exposed to the cold air and are not sufficiently dry. Several methods have been proposed to keep the skin of the hands soft and pliable. Of them the one most useful and the easiest to carry out is that recommended by Prof. Liebreich, and published in an article on the above subject by Dr. Geo. Meyers, of Berlin (*Med. and Surg. Reporter*). It has nothing to do with the disinfection of the hands, but merely serves to keep their skin in a normal condition. Moreover, it can be used with all disinfectants without having to fear any further effects on the hands since its use renders the skin smooth and soft. After thoroughly washing the hands with soap, they are well wiped and thoroughly dried; then the hands are rubbed with a little lanolin, and any excess removed with a handkerchief. A little extract of vanilla and oil of rose added to the lanolin makes it more pleasant to the sense of smell.

R. Lanolin puriss.	98 parts
Extract Vanilla,	2 "
Olei Rosæ.	gtt. j.

Another salve can also be made by substituting for 19 parts of lanolin an equal amount of paraffin.

The lanolin may be conveniently carried about in small metal collapsible tubes. It is to be reapplied after every washing.

In speaking of the favorable effect of lanolin he mentions its power of mixing with water, by virtue of which, after washing the hands, any water remaining on the skin from imperfect wiping is absorbed by the lanolin, and the hands prepared for the cold with the least possible grease. In practice he has used the method with good result for rubbing on the face, as in actresses whose skin had suffered from the use of paint.—*Med. Review*.

## CLASS-ROOM NOTES.

In cases of fracture by muscular action, there is generally some structural change, most frequently syphilis. (Dr. Mears.)

As a rule, all cases of catarrh causing eye troubles, as swelling of the lids, etc., are located in the lower part of the nasal cavity, viz., below the inferior turbinated bones. (Sajous.)

Never give mercury in syphilis before secondary symptoms occur; you only mask these symptoms and are unable to ascertain the severity of the case. (Prof. Gross.)



Always tie two ligatures on the umbilical cord. The ligature on the placental end, prevents the placenta from becoming emptied of its blood, and thus promotes its separation. (Prof. Parvin.)

To relieve the state of the digestive organs in inflammation characterized by coated tongue, constipation, nausea, etc., when the stomach will bear it, Prof. Gross directs—

R. Hydrargyri chloridi mitis, gr. v  
Ipecac., āā gr. j. M.  
Capsici,  
Ft. pil. j.

Sig.—12 hours after take two drachms each of Rochelle and Epsom salts.

As a covering for small wounds, Prof. Forbes uses at the Jefferson clinic:—

R. Olei ricini, 5iv  
Collodii, 3j  
Hydronaphthol, 10%. M.  
Sig.—Apply locally.

The best drainage tubes are either red rubber or glass; make the rubber aseptic by scrubbing with soap and water, and keeping in 1 to 1000 corrosive solution; the glass by boiling for ten minutes in simple water. (Prof. Gross.)

For secondary syphilis in broken down subjects, Prof. Gross advises—

R. Pil. hydrarg., gr. ij  
Quiniae sulphat.,  
Ferri sulph. exsicc., āā gr. j  
Pulv. opii, gr. ¼. M.  
Sig.—One to be taken after each meal.

In the case of a lady having pseudo-angina pectoris, Prof. Bartholow directed the administration of trinitrin (nitro-glycerine); cut off alcohol and fat-forming foods from the diet, and also ordered liquor potassii arsenitis, gtt. ij. t. d.

As a stimulating wash to chancroids, the following may be used:—

R. Acid. tannic.,  
Extract. opii aquos., āā gr. ij  
Cupri sulph., gr. ⅓  
Aque destillat., f3j. M.  
Sig.—Apply locally. (Prof. Gross.)

For leukemia, in a youth aged 20, with the spleen and one lobe of the liver enlarged, the white blood corpuscles being 1 to 60 red, Prof. Da Costa directed one drop oleum phosphoratum three times a day and—

R. Iodinii, gr. x  
Ol. bergamot, gtt. j  
Lanolin, 3j. M.  
Sig.—Rub over spleen morning and evening.

In a case of phlegmasia dolens (milk leg) following typhoid fever, Prof. Da Costa ordered elevation and gentle massage, and—

R. Chloral hydrat., 5j  
Olei terebinth., f3j  
Liniment. saponis, f5 vij. M.  
Sig.—Rub on morning and evening.

For a man aged 25, at the clinic, with secondary syphilis, Prof. Gross ordered the following:—

R. Hydrarg. iodidi viridis, gr. 1-5  
Antimonii et potassii tartrat.,  
Morph. sulph., āā gr. ⅓ M.  
Ft. pil. j.  
Sig.—One t. d.

For a man with chronic interstitial nephritis, Prof. Da Costa ordered a diet of milk, fish, etc., an occasional laxative of Rochelle salts, and—

R. Caffeinæ,  
Sodii salicylat., āā gr. iij  
Syrup. aurantii,  
Aque destillat., āā pp. æq. ad f3 iv.

In the treatment (medicinal) of the vomiting of pregnancy, Prof. Parvin prefers 3 to 5 drops of tinct. nucis vomicæ given ter die.

Never use cold applications in the local treatment of gout; they may cause retrocession and cerebral symptoms which are dangerous. (Prof. Da Costa.)

In the case of a man with acute parenchymatous nephritis, with scanty urine, pains in the loins and swelling of limbs, Prof. Da Costa directed dry cups to back, saline purgatives (Rochelle salts 3ss daily), absolute milk diet; and three times daily a fluid drachm of infusion of digitalis.

For hysteria in a girl aged 17, having attacks of rigidity, delusions, but never at night or when alone, with scanty menstruation, Prof. Da Costa directed apiol for the latter condition, and at night—

R. Chloral hydrat., gr. x  
Potassii bromid., 3j. M.  
Also zinc valerianas, gr. iij, 4 times daily.

In the case of a man, æt. twenty-one, with cardiac hypertrophy, Prof. Da Costa directed the diet to consist of milk, fish, vegetables. No coffee or tobacco. Also—

R. Tinct. aconiti, gtt. j  
Tinct. verat. viridis, gtt. iij  
Syrup. zingiberis, gtt. vij. M.  
This dose t. d.

A favorite prescription at the Lying-in Charity Hospital, Phila., for albuminuria of pregnancy is:—

R. Acid. benzoic., gr. v  
Potassi bicarb., gr. xxv  
Spirit. chloroform., ʒ v  
Syrup. simplicis, f3 ss  
Aque destil., q. s. ad. f3 ss. M.  
Sig.—Every two hours.

(Dr. Charles Meigs Wilson.)

# THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

*Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.*

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Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, JULY, 1889.

## THE DOCTORS' HOLIDAY.

As this journal occupies itself with any and every topic which concerns the welfare of the profession, we cannot do better, we think, especially at this time of the year, than devote a little space to the consideration of the above subject. That everybody is the better of a holiday is pretty generally admitted, as shown by the old proverb, "All work and no play makes Jack a dull boy." When our patients come to us with symptoms of what they call "being run down," we at once order them a cessation from work and a change of scene and occupation. But when the same patient kindly remarks that the doctor is not looking well himself and asks where he is going for his holidays, the latter too often replies that he cannot get away.

With his large and intimate knowledge of the laws of health the doctor should possess an immense advantage over the layety who ignore them, and few should die before reaching the age of a hundred years. But the fact is we daily see the

ablest men in the profession succumbing to preventable causes of death in the very prime of life. No man has the right to work himself to death. When we reflect that much of a doctor's experience is bought at the cost of human life, we must realize how important it is that every day he lives his life is becoming more valuable to the profession and the public. We believe that many of those who have thus died in the very prime of their professional life might have lived for many years longer if they had made a practice of every year giving up two or three months to the recuperation of their vital powers.

How best to spend our holidays will depend very much on whether we are practising in the city or country. But no matter where we live the first claim on our holidays should be the attending of the meeting of the National Medical Association, which is held every year in a different part of the Dominion, and for which special low rates are always given by the railway companies. We are thus enabled to become acquainted with the vastness of the territory and resources of our country while travelling, and at the meeting we come in contact with our brethren, albeit for too short a time, but for long enough generally to make many pleasant friendships. During the reading and discussion of papers we are all sure to learn something which on our resuming practice will make us more successful and thus recoup us, perhaps many times over, for the expense of attending the meeting. If we are city doctors, a month in the bracing air of the mountains, either the Rockies or the Adirondacks, will make us keen for work on our return. But we may be asked: What will become of our patients while we are away? In the cities we can leave the names of two or three confreres who will be willing to see our patients for us and on our return hand us in a list of visits made for us during our absence and for which we collect the fees,



In the country we can arrange with our nearest neighbor to do the same, only in this case one must arrange to take his holidays when the other comes back. Even if there is no neighboring doctor it does us and our patients good to be without their doctor for a few weeks, as it gives them an opportunity to realize how much they depend on us, thus preventing them from underestimating our services as they too often do. That which people cannot get is what they want most, and nothing makes patients appreciate their family doctor more than to be in need of him while he is away.

If you have not yet had a holiday this year when this reaches your eye make your arrangements to attend the meeting of the Canadian Medical Association at Banff, or if that is beyond your means pack up your valise and take a trip to the mountains or the seaside, and you will, we feel sure, have no cause to regret the investment.

### CONTAGIOUSNESS OF PHTHISIS.

The *Medical Press and Circular*, June 12, contains an article entitled "A Remarkable Decree," commenting adversely on a recent order in the German army to isolate and even remove from the army all soldiers suffering from phthisis. More especially does it take exception to the method laid down for making an early diagnosis. The Minister of War has ordered the chests of the men to be examined once a month, and if they do not reach a certain standard and do not develop with drill and athletic exercise the soldier will be disqualified. We venture to differ from our esteemed English contemporary, as we hold that the disease is decidedly contagious and that it is moreover very difficult to detect it by physical signs at the beginning when isolation should be practised, if it is to do any good. Considering that it is a disease which is almost as fatal as all other diseases put together, and the only one which has

so far baffled all treatment, any measure tending towards the stamping of it out is a step in the right direction. We know personally of many cases in which there was absolutely no heredity, but a very strong contagious element, while on the other hand we know of no case where there has been heredity without exposure to contagion either from the parents or from the house in which the case occurred. We venture to say that were it possible to isolate every case and disinfect every house that the next generation would see the disease stamped out. These may be considered advanced views, but they are every year becoming more and more generally received, and we believe that the prevalence of the disease will gradually diminish just in proportion as these views are accepted by the profession at large.

### LEPROSY.

A great deal of interest has lately been manifested in this terrible disease, owing to the death at the leper settlement at Molokai of the hero priest, Father Damien, who devoted his life to the moral and physical betterment of the formerly wretched and degraded people. Although he died of leprosy we cannot understand how he acquired the disease. Canada has her leper lazaretto at Tracadie, New Brunswick, where we think there are some nineteen inmates who are looked after by several sisters from the convent of the Hotel Dieu, of Montreal, who volunteered to pass the remainder of their lives there. There is also a physician in attendance who is appointed by the Department of Emigration, under whose immediate supervision the establishment is placed. We have never heard of any one contracting the disease there, though we are personally acquainted with some of the physicians. Neither have any of the sisters who are residing there ever contracted the disease. We have always understood that the disease

was altogether an hereditary one, and that the sole object of the quarantine was to prevent these lepers from cohabiting and thus leaving a leprous progeny to perpetuate the disease. We thus hope that when the present occupants have terminated their unhappy existence the need for the lazaretto will forever cease. It is just possible that Father Damien had inherited the disease.

### BOOK NOTICES.

SOME CERTAINTIES IN THE THERAPEUTICS OF EPILEPSY.  
By C. L. Dana, M.D.

PATHOLOGY AND TREATMENT OF ALOPECIA AREATA. By  
A. R. Robinson, M.B., L.R.C.P. and S. (Edin.)

THE CORTICAL LOCALIZATION OF THE CUTANEOUS SENSATIONS. By Charles L. Dana, A.M., M.D., of  
New York.

A RÉSUMÉ OF EXPERIENCE AT THE AURAL CLINIC OF  
PROF. HERMANN SCHWARTZE, IN HALLE, GER-  
MANY. By Charles H. May, M.D.

PRELIMINARY REPORT TO THE ILLINOIS STATE BOARD  
OF HEALTH, WATER SUPPLIES OF ILLINOIS AND  
THE POLLUTION OF ITS STREAMS. By John H.  
Rauch, M.D., Secretary.

COLOR BLINDNESS IN ITS RELATION TO RAILWAY EM-  
PLOYEES AND THE PUBLIC. By G. Sterling Ryer-  
son, M.D., C.M., L.R.C.S., Edin.; Professor of  
Ophthalmology in Trinity Medical College,  
Toronto.

SCARLATINOUS OTITIS. By Chas. H. May, M.D.,  
Visiting Ophthalmic and Aural Surgeon, Ran-  
dall's Island Hospital, N. Y.; Instructor in  
Ophthalmology, Vanderbilt Clinic, College of  
Phys. and Surg., N.Y.; Asst. Surg. N. Y.  
Ophth. and Aural Institute, etc. Reprinted  
from "The American Journal of Obstetrics for  
April, 1889.

THE QUESTION OF RELATIONSHIP BETWEEN LICHEN  
PLANUS (WILSON) AND LICHEN RUBER (HEBRA),  
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Professor of Dermatology in the New York  
Polyclinic; Professor of Dermatology and Path-

ology in the Woman's Medical College of the  
New York Infirmary; Member of the Ameri-  
can Dermatological Association, etc. Reprinted  
from the "Journal of Cutaneous and Genito-  
Urinary Diseases." For January, February  
and March, 1889.

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Cutaneous Diseases, by Dr. L. Grellety; Ten-  
sion as met with in Surgical Practice, Inflam-  
mation of Bone, Cranial and Intracranial Inju-  
ries, by T. Bryant, F.R.C.S.; Antisepsis and its  
Relation to Bacteriology, by Dr. J. Neudorfer.  
Published monthly. Price, \$10.00 a year; sin-  
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Place.

As will be evident from the perusal of the above  
titles this volume is in no way inferior to its prede-  
cessors. In fact the already high standard attained  
by the past volumes is being constantly improved  
upon, and we repeat what we have said before,  
that we have never seen so much value for the  
money.

### PERSONAL.

Dr. E. L. Keyes, of New York, has resigned  
the chair of Genito-Urinary and Skin Diseases  
at Bellevue Medical College, which he has  
filled with so much distinction, and has been  
succeeded by Dr. Samuel Alexander, of the class  
of 1882.

A native of India, while fishing, caught a fish  
resembling an eel. While trying to bite its head  
off, the fish slipped into the man's throat, and  
stuck fast; the fins preventing removal. The man  
died.

A Bad Beginning.—Young physician (diagnosing  
a case): "In the first place, sir, you must drink  
less coffee."

Patient: "I never drink any coffee at all, sir."  
Young physician (considerably annoyed): "Well  
you ought to."

He Missed the Mark.—Young physician (to  
patient): "What you need is exercise, sir. You  
should walk more."

Patient (reaching for his pocket-book): "How  
much, young man? I was walking all last night  
with the baby."



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MONTREAL, AUGUST, 1889.

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## A YEAR'S EXPERIENCE WITH APOSTOLI'S METHOD, WITH REPORTS OF CASES.

By A. LAPHTHORN SMITH, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal. Surgeon to the Women's Hospital.

Having begun the use of Apostoli's method about the month of October, 1887, and having had an almost daily experience with it ever since, and some six months having elapsed since the termination of the year, I am, perhaps, justified in now laying my experience in this most interesting department of gynecological therapeutics before you. Before I began the use of it I had a somewhat too exalted opinion as to its value. This was followed by the usual reaction, and being brought face to face with a number of cases noted for their difficulty, I became a little discouraged. Later on, as the benefits of the treatment began to slowly but surely mount up with the increasing number of cases, a firm and lasting belief in its capabilities has been acquired. I mention these three phases of opinion of the treatment because I see around me evidence that my confreres, who are trying it, are going through the same stages. In the following remarks I shall endeavor to give the treatment its true and well-earned place, as I believe it is as much in its interest to avoid forming an erroneously high opinion of it as it would be to decry it altogether.

For the information of my brethren who are seeking knowledge as to the best method of going about this treatment, it might be well to lay before them a few points which experience

has taught me. In several former articles I have given the Leclanche conglomerate cell as the source of electricity. I am now altogether willing to admit that the old pattern of Leclanche cell, with a porous cap, which can be purchased in quantities in the United States for about half a dollar apiece, is quite as good for this purpose; also that the improved Law battery will do equally well. I may state that thirty cells will give enough power for general use, owing to improvements which I shall shortly describe for conveying the current to the morbid growth. The cells should be arranged with the zines pointing to the right—the first zinc being attached to the second carbon and the second zinc to the third carbon, and so on. The beginner should remember that the wire from the first carbon is called the positive pole and the wire from the last zinc the negative pole.

The next question to be asked is: What is the best appliance for turning the current on and off? During the first year in which I used this method of treatment, I employed the Gaiffe current collector which I brought from Paris and which was similar to that used by Apostoli. But after hearing of the Bailey rheostat I procured one, and a very short trial of it convinced me that it was far superior to the Paris instrument. The disadvantages of the double dial collector of Gaiffe is that you have a wire going from each cell to the switchboard, so that you have as many sources of danger of a broken connection

as there are contact points. In the one I used there were 120 contact points and consequently 120 places at which the current might be accidentally broken. This accident, in fact, has actually happened to me on several occasions.

Since I have adopted the Bailey rheostat, the current has always been turned on and off with perfect smoothness, and with it I have been able to make the finest possible adjustment from one to over two hundred milliamperes. Another defect of the switch-board collector is that the first ten or fifteen cells being used more than the next ten or fifteen, are run down to one half or a quarter of the strength of the latter, so that no matter what care be taken to run down all the cells equally, we cannot avoid occasionally striking a very weak or very strong cell; in some cases the difference in strength caused by adding another cell to the circuit being sufficient to cause an appreciable shock. With the Bailey rheostat all the cells are worked equally at the same time, so that, with ordinary use, the battery requires almost no attention during the first one or two years, and then all the cells must be re-charged together.

The Bailey rheostat is manufactured by the Law Telephone Company, Liberty street, New York. Should the ratchet on this instrument become too loose, it must be tightened up with the screw for the purpose, otherwise its weight might cause the carbons to drop an inch or two into the water without our wishing it.

We now come to the important question of the best galvanometer. My own experience has been limited to Gaiffe's instrument, of which I have two, one measuring from one to fifty milliamperes and the other from ten to two hundred and fifty. The former has of course proportionately larger spaces for each milliampere. I am in a position to state, from information which I have received from a number of correspondents in the United States, that the Gaiffe instrument is far superior in accuracy to any instrument so far manufactured in this country, although I can see no reason why such an instrument should not be made here. In the meantime, I can recommend anyone purchasing an outfit to obtain that part of it, at any rate, from Paris.

It might be well to mention with regard to the galvanometer than the needle which

registers the strength of the current on the scale, is only a nickle one which is fastened at right angles to the real magnetic needle, which is concealed under the coil of wire. I mention this because some of my confreres who know where the north and south poles in their city were situated spent some time in vainly trying to get the needle of the galvanometer to point in those directions. It is also important that no steel instrument, such as dressing forceps or scissors, or any faradic machine, be allowed to lie near the galvanometer when it is in use. Care must be taken, too, that no magnetic machines be placed in its vicinity. A place should be chosen for it as far removed from iron pipes as possible. It is also desirable that the galvanometer be placed considerably below the level of the patient, so that, while sitting in front of her, we may keep our eye constantly on the needle.

The current having been led from the first carbon through the artificial resistance of the rheostat and then through the galvanometer, must now be made to enter the patient so as to encounter the least amount of friction, for friction means heat, and unless the surface of contact of the electrode with the skin be very large, a high power cannot be used owing to the burning and even vesication which it produces. In this consists one of the great secrets of Apostoli's success.

By means of his abdominal electrode of moist potter's clay, which adapts itself to the open mouth of every pore of the skin, the electrical current finds its way into the body through many thousand pores, and thus resistance to its entrance is reduced to a minimum.

Martin, of Chicago, has introduced a modified electrode of the same size, however, as Apostoli's, but differing from it in that instead of a flat cake of clay to which the pole is attached by means of a piece of zinc, a metal dish filled with water and covered with animal membrane is employed.

Engelman uses a piece of absorbent cotton loosely sewed to several thicknesses of tinfoil, to which the wire is attached. The advantage of Apostoli's clay is that its weight is sufficient to keep it applied closely to the skin; but its disadvantages are that it is apt to soil the clothes, has a constant tendency to dry unless frequently very moistened, and fold when steel



applied to the skin unless previously warmed, it being as good an abstractor of heat as it is a conductor of electricity. If it is warmed before its application, it is apt to dry up, while if it is immersed in hot water, it is apt to wash away.

Martin's electrode is neat and clean and if, when not in use, it is left with the animal membrane immersed in bi-chloride solution, it will not soon get an unpleasant odor or putrefy. Some of the water can easily be poured out each time and some boiling water introduced so as to make it pleasantly warm; but, some day when we least expect it, and during an application, it will play us false, for a tiny hole will appear through which the contained water will escape over the patient's clothing. After this accident had occurred to me several times, I determined to discard the animal membrane and to employ a combination of Apostoli's and Martin's electrodes by filling Martin's metal dish with Apostoli's clay and covering it with one or two layers of gauze. The result has been all that I could desire. The clay, being contained in the metal dish, does not escape upon the patient's clothing and is not difficult to apply. Instead of mixing the potter's clay with water only, I have added from one-third to one-half of glycerine, which, owing to its great avidity for moisture, will always keep the clay wet, so that I am no longer in danger of finding that my clay has dried up during the night. As an extra precaution, I am in the habit of wrapping up my abdominal electrode in a large sheet of gutta serena tissue or oiled silk, into which I throw an ounce or so of water to supply the thirst of the glycerine.

This electrode weighs four or five pounds, which is sufficiently heavy to guarantee its close application to the abdominal integument and does away with the danger which I have several times experienced of the patient's suddenly removing her hands in order to gesticulate while talking to me during the application.

Martin's instrument is somewhat expensive, so that to meet the wants of those to whom expense was a consideration, I had the same thing manufactured by a local tinsmith for forty cents apiece, thus enabling me to have three or four; some with projecting surfaces of clay for the abdomen of thin women, others with more or less hollow surfaces, according to the prominence of the abdomen or of any part of it. For

instance, in a case where a large fibroid is projecting prominently, I applied an abdominal plate very much hollowed out, which fits on top of the tumor like a cap. Any tinsmith can convert deep pie plates into Martin's electrodes by soldering on to the rim a corrugated flange and attaching a binding post and screw to the bottom of the plate. A piece of rubber tape or bandage must be fastened around the edge to prevent the metal from burning. The current having entered the body, we will suppose, by the abdominal positive pole, pours through like a fine, invisible rain from every part of the clay in a direct line towards the other pole, which, we will say, is the negative one in the uterus. If we could see it, it would look very like the spokes of a wheel running from the tire towards the hub. This will explain the condensation of force which takes place when the exposed surface of the electrode in the uterus is very much smaller than the surface on the abdomen and, for this reason, the electrode in the uterus is called the active pole.

When it is desired to produce a cauterizing effect, either positive or negative, this can be obtained by making the exposed surface in the uterus exceedingly small, for Martin has proved that it requires 50 milliamperes to one square centimetre of surface during a period of five minutes in order to obtain a cauterizing effect. Where a cauterizing effect is desired, there is every advantage in making the surface of the internal electrode as small as possible. But, *in cases where we wish to obtain the greatest possible inter-polar action*, we should make the internal as well as the external electrode as large as possible. Of course, if the internal electrode is connected with the positive pole, either gold or platinum must be employed, and the cost of these precious metals acts as a barrier to their being used. To overcome this objection, Apostoli has lately introduced graduated carbon electrodes containing one, two, three, four and more centimetres of surface, with which he is able to treat successively different portions of the intra-uterine mucous membrane. These carbon electrodes have another advantage in that they do not cauterize the cervical canal when it is our desire to only treat the lining membrane of the uterine cavity.

He has also invented another means of applying electricity to the interior of the uterus by

means of a substance called gelosine, a semi-solid vegetable material, which is injected into the uterus so as to touch the whole mucous membrane. It does for the interior of the uterus what the clay does for the abdomen—enlarges the surface of contact.

Dr. Goelet, of New York, has recently introduced a steel sound, which, owing to the peculiar manner in which it is prepared, is able to withstand the action of acids. As it is cheap and is a good conductor, it should supersede the costly platinum sounds and trocars which have hitherto been in use. I lay considerable stress on these points of diminishing the cost of necessary apparatus, as I have no doubt that the great expense of the armamentarium hitherto necessary has prevented many of the most wide-awake and progressive practitioners from possessing an outfit.

When the negative pole is used in the uterus the ordinary intra-uterine sound with a hole in the handle for connecting the wire from the negative pole is all that is required. I have a number of them curved to different degrees, always standing with their insulators in a carbolic solution, and I soon become familiar with the curves in the uterine canal of each patient and choose the sound which suits her best. If you have only one sound it soon becomes cracked by frequent bending. The negative pole is bathed in alkalies which only brighten its polish.

In dysmenorrhœa from stenosis of the internal os, the softening and dilating influence of the negative pole has been thoroughly established. In cases of fibroid in which the dysmenorrhœa is a more marked symptom than the bleeding, I also prefer the negative pole in the uterus, which I fancy can be tolerated stronger than the positive. But when there is hemorrhage the positive pole is decidedly indicated. Nevertheless, I have frequently observed the duration of menstruation to be rapidly diminished by the use of the negative pole. The positive pole also seems to have a more tonic effect on the system generally.

I now come to another point, namely, the necessity for irrigation before and after each application. During the first year I used this method I spent a great deal of time in giving each patient a vaginal antiseptic douche, not only before but after every application, and per-

haps if one is apt to produce a lesion of the uterine lining membrane, it would be well to take that precaution; but having learned from several of my confreres, whom I have induced to adopt Apostoli's method, that they had modified without bad effects the rigor of his instructions, I have for the last few months been contenting myself with swabbing out the vagina with a one in a thousand bichloride solution before and after each application when the speculum has been used; or with ordering a weak sublimate injection to be given by the patient herself at her home before and after each application, when the speculum cannot be employed.

As for the duration and frequency of applications I have generally tried to give them every second day when I had time or as long as the patient was able to come. As a rule the treatment of out-patients is often enough interrupted so that it is unusual to be able to get on an average more than eight or ten applications a month. Most of my cases felt so well the next and following days after an application that they were anxious to come back. I have also noticed that the strength of current which a given patient could comfortably endure gradually increased with each application. No rule for the strength of current can be laid down. I give the patient all she can bear, but the moment I see by her face that she is beginning to suffer a little I reduce the current, as I do not think anything is to be gained by giving a current strength which they would have any reason to dread. Apostoli says in his work on treatment of endometritis (p. 74) "Could we not, in order to render the operation still more harmless if possible, and at any rate extinguish all operative sensibility, diminish the dose by lowering the intensity to 30 or 40 milliamperes for instance, and increase in proportion the duration of the application, in order to render always the same the sum of the electric out-flow?" He answers this question in the negative in the case of endometritis, because in that particular disease it is the intense local action which is required. But in electrolysis I see no reason why 100 milliamperes for ten minutes should not be as effective as 200 for five minutes.

Indeed I believe that some way will yet be devised for passing a comparatively weak cur-



rent through the tumor day and night, and thus procure the electrolysis of the largest tumor in the course of a few days. As far as electrolysis is concerned 10 milliamperes during 100 minutes would be as effective as 100 milliamperes during 10 minutes. I have devised a plan by which a small battery is placed under the bed and the current is carried to the front and back of the tumor, but I have not yet been able to give this method an extended trial.

What about galvano punctures? Although my experience with them has been limited, I have seen enough of them to be able to say that the seldomer they have to be resorted to the better, and then only at the patient's home or at the hospital, but, with one exception, never at the office. First of all, because they are exceedingly painful, and, second, because the after condition of the patient is such as to cause considerable anxiety. In the case of Mrs. D. I tried galvano punctures many times before I was able to pass the sound, and I found that anything more than 30 milliamperes could not be borne for more than a minute or two. I also tried them many times in the case of Mrs. T., who was unable to bear more than 20 milliamperes without an anaesthetic. Besides the pain caused by the activity of the current being concentrated on so small a surface as the point of a trocar (for the electro chemical action is always in direct proportion to the size of surface for a given milliamperage), there must also be taken into account the suffering caused by piercing the vagina and the sometimes very sensitive tumor itself. In many cases the patient cannot bear to have her tumor touched far less to have the trocar thrust into it. In any case, when a puncture is to be made it is well to have the tumor steadied by a firm hand on the abdominal wall to press it down towards the trocar. Even when an anaesthetic is employed and a sufficiently high current is turned on, say of 200 milliamperes for five minutes, powerful contractions of the intestines are set up, which continue long afterwards, amounting in some cases to torminae. These may be diminished, but not entirely avoided, by augmenting and decreasing the strength of the current very gradually and by administering a hypodermic of morphia previously. In the case of Mrs. T., who has an insuperable repugnance to the drug and refused to take it, these griping pains were

terrible, and lasted for two days afterwards. By keeping the patient in bed for two days after the puncture and applying emolient applications to the abdomen and by giving antiseptic injections they are free from danger, and, in Apostoli's hands, are very successful.

Martin, of Chicago, never uses them, and I much prefer the intra-uterine applications, which are much safer and hardly at all painful. Some of my patients have frequently borne 250 milliamperes for five minutes without an anaesthetic. They are safer because they may generally be performed without causing the slightest lesion of the uterine mucous membrane. It is now a rare occurrence for me to draw one drop of blood when introducing the sound after the first application. But there is one case in which the intra-uterine applications are powerless, when the tumor lies altogether outside of the cone-shaped current, the apex of which is at the sound and the back at the clay. In three of my most obstinate cases all the morbid growth in the anterior wall of the uterus was absorbed, because I could feel the tip of the intra-uterine sound under my finger on the abdomen. In one of them, Madame D., I then began to place the clay electrode on the back, so as to take in the posterior half of the tumor between it and the sound, with the result that the posterior half of the tumor also rapidly disappeared. I think this observation, if correct, to be important, as it would explain why I and others have failed in certain cases to obtain absorption of the whole of the tumor.

As Mr. Tait and Dr. Bantock at a recent meeting of the British Gynecological Society made the statement that a fibroid tumor could not be electrolysed—that is, decomposed into its constituent elements by any amount of current which it was possible to bear, 200 milliamperes, for instance, for five minutes—I proceeded with my galvanometer and rheostat to an electroplating establishment and interposed them in the circuit while the process was going on, when to my surprise I found that two and a half milliamperes was the greatest strength they ever employed. In fact, a copper article was completely coated with silver in five minutes with a current of that strength, which, on being weighed, showed that an equivalent of two grains of cyanide had been decomposed. Now if two grains are decomposed by two and a half

milliamperes in five minutes, 480 grains would be decomposed in 11 minutes by 250 milliamperes; so that 16 applications of 11 minutes with a current strength of 250 milliamperes would decompose one pound weight of the tumor. Whether a tumor outside of the body would lose that amount of weight in that time and with that current strength is a different thing, for in the living body, as is well known, there are the thousands of open-mouthed lymphatics ready to seize upon and carry away the products of decomposition, while in the dead tumor this would not be the case and the products of electrolysis would not be removed, so that the weight might not appear very different.

But besides the electrolytic action of the continuous current we have the remarkable effect which it has on the trophic nerves, an action which would lead us to believe that the electric current is very similar to the vital current. These trophic nerves preside over the quantity of blood flowing in the vessels and the interchange of material in the tissues, as well as the absorption of foreign matter by the lymphatics. We know that it very much depends on the amount of nervous influence which the cells receive as to whether they shall keep up to the normal or degenerate. From the consideration of the history of the cases of fibroids which have come under my notice I have been led to consider that fibroids are primarily due to defective vitality of the uterus accompanied by slowing of the circulation. And the difference between fibroids and areolar hyperplasia is only one of greater or less localization. Thus if an impediment occurs to the circulation of the uterus, and we all know how great these impediments are in the modern women, with their tight corsets, their heavy draperies, their engorged livers their constipated bowels and their want of exercise, if any of these causes prevent the blood from returning from the uterus it is dammed back in the uterine veins and arteries from which a fibroplastic material exudes. If the absorbents are active this may be carried off; if not, it will remain, and after a time become organized into white fibrous tissue. This, small as it may be, is a foreign body, and still further obstructs the circulation so that it goes on increasing. At last it reaches a size sufficient for the uterus to take cognizance of, when, as is cus-

tomary with that organ, the intruder is promptly expelled either towards the peritoneum or towards the cavity of the uterus in the line of least resistance, dragging the vessels from which it was first exuded with it and from which it continues to receive its nourishment. In every case of fibroid which I have had under my care the patient had always been constipated and nearly all of them were of sedentary or intellectual occupations. Then again nearly all fibroids begin in the posterior half of the fundus where the circulation is the most difficult. Now the continuous current increases the nutrition of the part by hastening the circulation and interchange of tissue, in other words, acting as the best of alteratives, the exuded lymph goes back where it came from by virtue of the reversal of the defective vital action. Certainly *in the case of small fibroids the continuous current never fails to remove them.* This reminds me of an observation which I wish to record, that in many cases of fibroids there is a considerable œdema in the outside cellular tissue, into which the finger may be made to sink by a firm and continued pressure. Now when a fibroid begins to diminish under electric treatment, the first thing to go is the œdematous swelling, so that what seemed at first a single large tumor becomes resolved into a number of hard masses.

It is by the improvement in the circulation and consequently of the nutrition of the part that I would explain the marked relief of ovarian neuralgia by galvanism; for the best definition of neuralgia of which I am aware is that it is the cry of the nerves for better nourishment. But the relief of ovarian pain may be explained in another way. Those who operate for this condition tell us that they frequently find the ovaries and tubes compressed and bound down by a retracting plastic effusion; but owing to the stimulation of absorption these exudations are removed and the ovary is left free. The absorption of effusions by galvanic treatment has been observed by writers, not gynecologists, who have advocated this measure for the treatment of ascites.

In nearly every case of fibroid there is an atonic condition of the walls of the intestines which permits of their being distended with gas. A few applications of the galvanic current tone up the intestines, which expel their gaseous, liquid and even solid contents with a cor-



responding diminution in the abdominal distension. In nearly all my cases not only of fibroids but also of endometritis in which electricity has been employed the good effects of it on the constipation have been very pronounced.

This may, perhaps, be a good opportunity for repeating an opinion I never miss a chance of expressing, that *constipation is one of the prime factors in the majority of cases of diseases of women.*

I can hardly find a case in my note book which does not contain the note, bowels have always been confined. Surely I have not erred in teaching that the first step in any and every case of diseases of women is to get the bowels regular so as to remove the obstruction to the venous circulation.

There is one thing about Apostoli's treatment which every one who has given it a trial is agreed upon, and that is that it never fails to arrest hemorrhage in fibroids and endometritis. Now this is all that Mr. Tait claims to do by removal of the appendages, and although this operation in Mr. Tait's hands is almost devoid of danger, that does not make it easy or safe in the hands of the general practitioner under whose care the patients come. There is very little satisfaction to a woman who has been confined to her bed for years with exhausting hemorrhages, to be told that she can have them stopped by an operation which has only a small death rate in the hands of Mr. Tait. Even if she could be operated on by him she would not even then be sure of relief. On the other hand, several hundred cases are on record in which several years after treatment by Apostoli's method the arrest of the hemorrhage has proved to be permanent. I have the highest esteem for the diagnostic skill and manual dexterity of Mr. Tait, but I do not think he has been just to my friend and teacher, Apostoli, when he basis his belief in Apostoli's honesty and veracity upon the hearsay evidence of some of his Paris rivals rather than on his own personal investigation. How much better the course pursued by Sir Spencer Wells, who sent a trusty observer to spend a year with Apostoli in studying the value of the treatment, and on his favorable report, going over himself to verify his observations, and then publicly giving Apostoli his hearty endorsement. Apostoli may be enthusiastic, as all inventors are, and some may

have over-estimated the value of his treatment, but the tendency of human nature to jog along in the old groove is so great that all his enthusiasm is more than needed in order to drag along the body of the profession in the march of so great an advance. I cannot close without protesting against the assertion that there is any danger connected with Apostoli's treatment. I have seen none during the two years that I have been using it many times a day. I had one narrow escape, when nothing but a kind Providence saved me and the credit of the method. A patient who had been treated by me was so enthusiastic about it that she brought a friend, who was a great sufferer, to undergo the same treatment. By great good luck I had been called out of town by telegram a few hours before and missed her. At eleven o'clock that night something gave way inside of her, and in a few hours she was dead. I have no doubt that if I had even seen her when she came to me, that I would have had to shoulder for all time one death under Apostoli's treatment. I have not only had no accidents, except one miscarriage which I reported, but every patient has felt better after the first application; and I candidly maintain that I do not see how a single death can ever be justly attributed to the method. It is the simplest and safest treatment of which I am aware, and it does not mutilate the patient for life, as do other methods of treatment, but it actually restores to her faculties and functions of which she had been previously deprived. I cannot trespass sufficiently on the space of this journal to report even briefly all my cases treated by this method, but I have taken twelve consecutive ones from my note book and condensed them as follows, but there are a great many others which I shall tabulate on a future occasion, of dysmenorrhoea, ovarian, tubal and uterine, of pelvic pain due to pelvic exudation, of ovarian neuralgia, of varicocele of the broad ligaments, of prolapsus of the ovary and uterus from passive congestion of these organs, which have been either cured or relieved so much that the patient was satisfied. I do not deny that I have had one failure and a few partial failures, but I maintain that even these are rather owing to want of experience due to the newness of the method than to the inability of electricity to remove the pathological conditions. Before the 9th International Congress I

stated that electricity was useful in every disease of the female generative organs, with the exception of ovarian tumors and malignant disease. But I believe that at the next congress I will be able to remove epithelioma from the list of exceptions, having recently had sent to me a hopeless case of cancer of the uterus, on whom I determined to try the continuous current, and in whom half a dozen applications of the positive current have made such a difference in the whole aspect of the case that the patient believes that she is cured, in spite of my assurance to the contrary, and I am almost convinced myself that the disease has been arrested. What a reward for Apostoli's efforts to introduce his method if it should be found that it was reserved for his treatment to cure the one hopeless disease of women, cancer of the uterus.

CASE I.—Mrs. S., 39, widow, artist; sent by Dr. Kennedy. Fibroid tumor since eight years. Messure symptoms had rendered her helpless and hopeless. After twenty-four applications during two and a half months, circumference of abdomen reduced six inches, and she is able to do all her work and enjoy life. Absolutely free from any subjective symptoms.

CASE II.—Miss W., 40, single, cook; sent by Dr. Reddy. Hopeless invalid, fibroid completely filling pelvis. Dysmenorrhea and pressure symptoms on bowels and bladder agonizing. After three months' treatment was able to start a large boarding house, for which she caters and cooks, and enjoys robust health one year after treatment was concluded.

CASE III.—Mrs. L., my own patient. Endometritis and perimetritis. Cured by ten applications of positive pole.

CASE IV.—Mrs. L., 31, millipara; sent by Dr. Chown, of Winnipeg, with rapidly growing fibroids causing great pain, rendering her helpless. Growth arrested by thirty-five intra-uterine applications. One year later is in good health, able to do her own work and goes tobogganing.

CASE V.—Miss C., 41, virgin. Metritis and ovaritis. Cured by nine applications of positive pole.

CASE VI.—Miss McL., 41, virgin, cook; sent by Dr. Reddy. Large, rapidly growing fibroid, causing intense pain from pressure symptoms. Pain removed and tumor diminishing after forty-five applications. Has resumed work as a cook in a large family.

CASE VII.—Mrs. D., 46, married, millipara; brought by Dr. Jeannotte with very large fibroid completely filling pelvis and extending above umbilicus. Had to be kept under morphia for eight days of every month for last ten years on account of dysmenorrhea and pressure symptoms. After sixty-five applications, tumor reduced to size of an orange and patient absolutely cured of all symptoms. Six months after cessation of treatment Dr. Jeannotte reports to me that she menstruates like a young girl, free from the slightest pain, and enjoys life as she has not done for sixteen years. He also says that the tumor has completely disappeared.

CASE VIII.—Mrs. H., carried into my office by

Drs. Cleroux and Caisse and her husband, remaining in a faint for half an hour afterwards. Had a large, fibrous polypus completely filling the vagina, which, for a variety of good reasons, I was not allowed to remove with the snare. Has frequently fainted in bed from hemorrhage. After seven positive galvanic punctures, polypus shrunk to half its size and patient regained color and strength, and hemorrhage ceased. Saw her four months afterwards in robust health.

CASE IX.—Mrs. X., sent to me by kindness of Dr. Proudfoot. Had a six years' history of hemorrhages due to a fibroid, which compelled her to remain in bed ten days every month, during which she would often faint if she raised her head from the pillow. After twenty-eight positive intra-uterine applications, menstruation reduced to four days; no longer obliged to remain in bed during the periods; able to eat and sleep well, and able to go long walks while the flow was going on.

CASE X.—Mrs. N., sent to me by Dr. Munro with cancer of the cervix, causing incessant metrorrhagia which had lasted one year in spite of the best treatment. The slightest touch on cervix would cause granulations to bleed profusely, and the tissues were so soft and friable that a terraculum would not hold in the cervix, which latter is so hypertrophied that it will barely enter between the extended valves of a Cusco speculum. After six applications, no pain, no hemorrhage; patient eats and sleeps well and able to work. Swelling of lips of cervix gone so that the two lips can be nicely approximated, revealing a very deep laceration, which was the starting point of the disease. Decided cancerous cachexia beginning to disappear. Patient declines further treatment, considering herself cured.

CASE XI.—Mrs. G., sent to me by Mrs. Dr. Fuhrer, with a large, rapidly growing tumor. Suffers terribly from pressure symptoms and want of sleep. After first application pain left, and has not since returned, three months afterwards. Menstruation is now painless and lasts only three days, instead of ten, as formerly.

CASE XII.—Miss B. Endometritis from cold; severe pain in womb and ovaries, with menorrhagia and dysmenorrhea. Eight applications of the positive pole cured the pain, stopped the leucorrhea, and reduced the period from ten down to four days.

In conclusion, let me urge those who are working with this method to allow nothing to discourage them, for every day they will learn better and better to overcome the difficulties which must always beset the way of those who start out on a new path. It was Apostoli's courage alone which was able to rescue this powerful treatment from being buried alive for another decade, and which has placed him at the head of the great and noble army of conservative gynecologists.—*Am. Jour. of Obs. Aug '89.*

Ink and rust stains are removed easily by a solution containing ten parts each of tartaric acid, alum, and distilled water. The solution has the trade name "encrivoir."—*Pharm. Ztg.*, 1889, 7.



## Progress of Science.

### INJECTION TO DESTROY OXYURIS VERMICULARIS.

The oxyuris vermicularis is said to promptly disappear with injections per rectum of cod liver oil, pure or made into an emulsion with the yolk of an egg. It is non-irritating, and is said never to have failed to effect a cure.

### TEXAS TO THE FRONT.

Professor of Materia Medica (lecturing on tannin)—“And, by the by, gentlemen, tannic acid is the antidote to the poison of the mushroom; can any of you explain its action?”

Texas Student—“T-t-think I can, professor!”

“Well, sir, explain to the class the chemical reactions that occur and how tannin acts as antidote to the poison of the poisonous mushroom.”

“It f-f-forms the t-t-tannate of m-m-mush, and leaves room in the s-s-stomach.”—*Texas Medical Journal*.

### BLACK EYE.

There is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum arabic and with the addition of a few drops of glycerin. This should be painted all over the bruised surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic sore or stiff neck.—*N. Y. Medical Times*.

### TO RENDER SANTONIN VERY ACTIVE.

Santonin does not dissolve freely in ordinary alcohol, ether or the fixed oils. Complete solution is obtained by treating as follows: Crystallised santonin, 1 gm.; strong alcohol, 120 gm.; ol. ricini, 240 gm. Dissolve the santonin in the alcohol, mix with the oil, and remove 80 gm. of the alcohol by distillation. The product is a very clear and active preparation, which Dr. Bayon (*Monit. therap.*, Aug. 6, 1888), claims to have long administered with the best results.—*Am. Jour. Pharm.*

### THE UTILIZATION OF GARBAGE.

According to the “Bulletin of the Rhode Island State Board of Health” for May, the city of Milwaukee will soon abandon the cremation of garbage, which it was among the first of the western cities to adopt and advocate. It is pro-

posed to substitute a drying process in the place of combustion. A company is at work with a new method which converts cities' refuse into articles more or less saleable. The garbage is made to pass through a series of mechanical driers, and in the course of ten hours becomes a brown powder. The oil is pressed out or drawn off, and the residue can be sold as a fertilizer.—*N. Y. Med. Jour.*

### NOTED CASE OF DROWNING.

It is reported that a man well under the influence of alcoholic liquor recently went into a saloon in Trenton, N. J., and called for a glass of beer, which was given him on a table at which he was seated. He was soon observed to be leaning forward upon the table as if in a sleep or stupor. “When the barkeeper tried to arouse him half an hour later it was found that he was dead, his nose being immersed in the liquor in such a way that respiration was completely stopped.” Many cases have been reported of persons having been drowned in but little depth of water, but this is the first case reported of a man drowning himself in a glass of beer.—*Journal of A. M. A.*

### JOY AMONG THE CONVICTS.

The prisoners at Sing Sing are said to have sent up a shout of joy when they heard the bill permitting them to go to work had become law. For a year they have been idle, in consequence of the Yates' Bill, and sickness and lunacy have been more frequent than ever in the history of the prison. Largely through the efforts of the State Charities Aid Association the Fassit Bill has been passed, permitting the prisoners to go back to the shops. Work in the factories will be resumed in a short time, and the prisoners are themselves hard at work putting the machinery and shops in order. The testimony of the physicians and keepers shows that the prisoners have suffered to a surprising degree, both in body and in mind, from their enforced idleness.—*N. Y. Med. Jour.*

### CAMPHORIC ACID AS AN ANTISEPTIC.

Camphoric acid is produced by oxidation of camphor by means of nitric acid, and occurs in colorless rhombic crystals or needles. It is very slightly soluble in cold water, much more soluble in hot water, and readily soluble in alcohol, ether and fixed oils. The solutions should, therefore, always contain a certain amount of alcohol. The author has employed camphoric acid with much success in various diseases of the fauces and larynx. It is an excellent astringent and antiseptic even in weak solutions, and has no poisonous properties. In tonsillitis a 1 to 2 per cent. solution as a spray or

gargle is much more efficient than chlorate of potash, borax, etc., and if used early may prevent suppuration. Ulcers of the mouth, nose, pharynx and larynx, of tubercular or non-tubercular character are healed rapidly by applications of 2 to 6 per cent. solutions, and small wounds, ulcers and eruptions of the skin are also benefited by this treatment.—*Med. Review.*

#### HYDRONAPHTHOL AS AN ANTISEPTIC.

Dr. Roswell Park, of Buffalo, has prepared culture media with various antiseptics in different proportions, including corbolic acid, iodoform, iodine, naphthaline, hydronaphthol, resorcin, trichlorphenol, creolin, sulphocarbonate of sodium, boric acid, perchloride of iron antipyrin, antifebrin and quinine. Almost the only one of these antiseptic jellies as thus prepared which has prevented all growths was hydronaphthol, 1:100. This shows that hydronaphthol can be relied upon as an antiseptic. Many of the bacteria grow freely on iodoform jelly, 1:100. Oxide of zinc is a better solid antiseptic than iodoform. The author thought that our present knowledge permitted us to associate certain bacterial forms with definite pathological lesions.—*Med. Review.*

#### THE CUMULATIVE PROPERTY OF BROMIDE OF POTASSIUM.

M. M. Doyon has published, in the *Lyon Medical*, a note relative to the cumulative property of bromide of potassium. His inquiries in this regard were made upon a young epileptic child—age not stated—to whom the drug had been extensively administered for a year. The child succumbed during an attack of scarlet fever. Nothing special was found at the autopsy, but the brain and liver were submitted to chemical analysis. The result showed that the former contained two grammes of the drug, and the latter 0.72 centigrammes. Thus, as might be expected, the central nervous system was more largely charged with the drug than any other part.—*Medical Press.*

#### TOBACCO SMOKING.

Tobacco smoking, Dr. A. G. Auld of Glasgow thinks, is responsible for a variety of functional derangements which there is no reason to aver cannot terminate in organic disease. He is convinced that the slightest trace of albumen in the urine is pathological, and that it is frequently induced by preventable causes, and one of these is chronic poisoning by nicotine. He thinks he has certainly traced the disorder in a few cases entirely, and in others partially, to the habit in question. Another derangement consists in localized fibrillary twitchings, something similar to what is observed in progressive

muscular atrophy, and perfectly distinct from tremor. The twitchings are often excessive, and occur most frequently about the trunk and upper arms.—*Lancet*, April 20th, 1889.

#### THE NORMAL MAN.

Professor Huxley asserts that the proper weight of man is 154 pounds, made up as follows: Muscles and their appurtenances, 68 pounds; skeleton, 24 pounds; skin, 10½ pounds; fat, 28 pounds; brain, 3 pounds; thoracic viscera, 3½ pounds; abdominal viscera, 11 pounds; blood which would drain from the body, 7 pounds. The heart of such a man should beat 75 times a minute, and he should breathe 15 times a minute. In 24 hours he should vitiate 1750 cubic feet of pure air to the extent of 1 per cent. A man, therefore, of the weight mentioned should have 800 cubic feet of well ventilated space. He would throw off, by the skin, 18 ounces of water, 300 grains of solid matter, and 300 grains of carbonic acid, every 24 hours; and his total loss, during that period, would be 6 pounds of water and a little more than 2 pounds of other matter.—*Sanitarian.*

#### DIPHTHERIA TREATED BY CHLORAL HYDRATE.

Dr. Mercier reports very good results in the *Rev. de Therap.* Before giving chloral, if the tongue be much furred, he administers an emetic—preferably ipecacuanha in powder. He then gives from one and a half to five grains of chloral, in the form of a syrup, every half hour, taking care to give food and drink beforehand, so as to leave the syrup in contact with the throat. The administration of liquids before the chloral prevents the latter giving rise to gastric pain. The drug generally stopped the further progress of the disease, and within forty-eight hours the false membranes disappeared, and the raw surface left was gargled with an astringent lotion. The treatment is of use only in the early stages of the disease, and is without benefit when the larynx is involved. This is the treatment advocated by the late Dr. Galentin, of Cleveland.—*Cleveland Med. Gaz.*

#### NITRATE OF SILVER IN PURPURA.

The ordinary hæmorrhagic remedies often fail to bring about a change in the obscure conditions which underlie the occurrence of purpura. The treatment under any circumstances is purely empirical and symptomatic, and one is therefore disposed to welcome any suggestion based on clinical experience which offers the means of intervening with a prospect of success. Dr. Poulet, of Planchet-les-Mines, has for many years made use of nitrate of silver in severe



eases of purpura complicated by copious hæmorrhages from the nose, stomach, and bowels. He narrates two cases which seem to point to a distinct controlling influence over the morbid condition. He gives it in doses of from an eighth to a sixth of a grain, made into a pill with bread crumbs, twice or three times a day. It is seldom necessary to continue the treatment beyond four days, and the effect is prompt and satisfactory.—*Medical Press.*

### SALICYLATE OF MERCURY IN VENERAL DISEASES.

Szadek (*Monatsheft f. Prakt. Dermatologie*, No. 10, 1888) found that in acute and subacute urethritis this remedy yielded in general good results. In the treatment of mild manifestations in early syphilis, it was of special value. No local or constitutional disturbances following its use have been observed by him. The following is employed for subcutaneous use:—

R.—Hydrarg. Salicyl.,	0.2
Mucilag. Gum. Arab.,	0.3
Aquæ Destill.,	60.0—M.

Injections are made at intervals of two or three days, the number varying from six to twelve. Salicylate of mercury may likewise be successfully employed externally in luetic infiltrations and ulcerations.—*Centraltbl. f. klin. Med.*

### DIGITALIS IN CROUPOUS PNEUMONIA.

Professor Petresco writes that pneumonia is one of the most prevalent maladies in the Roumanian army, and that during the last five years he has treated more than six hundred cases in the Military Hospital at Bucharest. In these cases he has given an infusion of digitalis in doses of from 1 to 3 drachms in 24 hours, or a preparation consisting of an infusion containing 4 parts, by weight, of digitalis leaves, 200 parts water, and 40 parts syrup—a teaspoonful of this being given every half hour for three days. Through this treatment the author claims that the disease is cut short in three days, and the fever and all the physical signs disappear as if by enchantment. It is, however, only in consequence of these large doses of digitalis, given one after the other, that this result may be attained. The mortality in this disease treated in this manner is 1.22 per cent., while the results of all other modes of treatment give 15 to 30 per cent. The uncertainty which has accompanied this treatment in other hands is due to the small doses in which the drug was employed and the long intervals between them.—*Therapeutic Gazette.*

### MEMBRANOUS CROUP.

The oil of turpentine would appear to be a remedy always to be tried in cases of membranous croup before resorting to intubation or

tracheotomy. Loewentaner reports (*Med. News*) two cases of severe stenosis of larynx, in both of which the administration of a coffeespoonful of turpentine was almost immediately followed by expectoration of the membranes, and subsequent small doses internally or by inhalation led to complete recovery. Several coffeespoonfuls of the oil may be administered during a night and day for several days if the membranes reform.—*Med. Review.*

As a readily prepared antidote for acute arsenical poisoning, Prof. Holland gives the following:—

R. Liquor. ferri tersulphat.,		
Aquæ destillat.,	āā	f5ij. M.
R. Magnesie,		5 iiss
Aquæ destillat.,		f3 viij. M.

Sig.—Mix the two solutions and give a table-spoonful, diluted, every five minutes, as required.

As an internal treatment for eczema erythematosum, to tone up the general system and relieve the constipation, Dr. Van Harlingen gives—

R. Magnesii sulph.,		5 j
Ferri sulph.,		5 ss
Acid sulph. dilut.,		f3 j
Sodii chlorid.,		gr. x
Infus. quassie, q. s. ad		f3 iv. M.

Sig.—A tablespoonful in a tumbler of hot water half-hour before breakfast.

### ŒDEMA AS A DIAGNOSTIC SIGN IN CARCINOMA OF THE STOMACH.

M. C. Baert, of Brussels, writing in *La Clinique* on cancer of the stomach, calls attention to the frequency with which œdema of the ankles is met with in this affection after it has lasted a few months—a diagnostic aid which is by no means new, but is, he thinks, in danger of being too much overlooked at the present day. He gives a number of cases recently occurring in the various hospitals in Brussels in which œdema was present. In one of these cases the œdema came on as early as three months after the first symptoms of the affection made their appearance; in two other cases it was noticed after four months; but in most of the other instances it was delayed till the lapse of from six months to a year after the onset. In one case, where there was no evident cause to which to attribute the loss of appetite and the wasting complained of by the patient, Professor Carpenter, noticing some œdema of the ankle, diagnosed carcinoma of the stomach, and found his diagnosis confirmed by the appearance a month afterwards of all the usual signs of the affection. Several of the cases presented a marked increase in the nitrogen excreted in the urine. With regard to the deficiency or absence of hydro-chloric acid in the stomach in cancer of

that organ, M. Baert admits that it is usual, but agrees with Wolff and Ewald in saying that this sign is by no means peculiar to cancer, as it is found in other gastric affections.—*Lancet*.

### THE ABORTIVE TREATMENT OF GONORRHOEA.

Dr. Mauriac, on the Treatment of Gonorrhœa, concludes as follows:—(1) The abortive treatment is indicated and has some chance of succeeding in acute Gonorrhœa only during the first hours of its outset. (2) All the attempts to cut short an attack of gonorrhœa during its period of progression, and when it reaches its height, are useless or dangerous—one obtains only delusive cures. (3) The antiseptic practice, at once (*d'amblee*) suggested by the microbial theory of gonorrhœa, has, until now, only produced delusive results. (4) It is indispensable to submit acute gonorrhœa to the antiphlogistic treatment until the almost complete disappearance of the inflammatory phenomena. It must proceed to the proper stage of maturity before any repressive medication should be resorted to. (5) This latter method yields decisive and durable results only in the involutive phases of the specific catarrh. (6) The agents of repressive medication are copaiba and cubebs internally, the sulphate of zinc in injections. (7) The balsam should be given first; it alone occasionally produces a definite cure. In the greater number of cases, while continuing its use, astringent injections may be used. (8) The duration of the repressive medication should be short; should it not soon yield the results expected of it, it must be given up and antiphlogistics resorted to. (9) It is by antiphlogistic medication that the treatment of acute gonorrhœa imperfectly cured should be commenced. These cases which return almost incessantly are seldom or never subdued in a definite manner.—Paris Correspondent *Journal American Medical Association*.

### VIBRATION IN CYCLING.

That there are dangers associated with indulgence in cycling exercise as at present conducted there can be little doubt, the many accidents in this connection recorded from time to time affording sufficient evidence of the fact. Apart, however, from the risk of accidents from falls, imperfect machinery, and want of skill in riding, there is a danger of a subtler kind to be apprehended, and which Dr. W. B. Richardson describes in the *Asclepiad* under the heading given above. He instances his own experience in illustration of the theory that in cycles as at present constructed the rider is subjected to a continuous succession of spinal shocks, the effect of which is to produce a

weariness of body and a nerve prostration which may very well have serious results. In the early days of cycling the old "boneshaker" was undoubtedly the cause of much more considerable mischief in this connection than attends the employment of the greatly improved tricycles and bicycles that now issue from the manufactories, but even the most perfect machines in present use do not answer to the full requirements that Dr. Richardson desiderates. Our author describes a number of the constructive adaptations hitherto resorted to for securing the object in view, and concludes his remarks on the subject by observing that "there is no reason why resilient wheels should not be used in combination with the other methods until such a perfect machine is invented that a thoroughly rigid frame shall sustain a set of bearings for the rider that shall cut off vibration from every point of his body that comes in contact with them, and yet interrupt in no way the complete application of propelling power." And until this consummation is reached cycling cannot be considered as being free from the risk of spinal and nervous injury.—*Medical Press*.

### WHAT SHALL WE FEED WOMEN AFTER CONFINEMENT?

For—we might say centuries—the laity have insisted on giving the "puerperal women" gruels, beef teas, toast water, from the first to the ninth day after confinement, and the fact is, two-thirds of the physicians have fallen into this aged groove. We think this tea, gruel and toast bill of fare, practically a starvation diet, irrational, impracticable, and a positive detriment to the patient. Is not the theory and practice a foolish one, when we consider for a moment that the organs connected with parturition will be more rapidly restored to the normal condition prior to conception; that the tissue changes, which we call involution, will be more quickly and perfectly accomplished, and that the new function of lactation will be more surely and plentifully established by a starvation diet. Does not common sense teach us that a diet, the opposite of the starvation one, is the proper kind to rapidly restore the uterine tissues to the normal state, and to prevent exhaustion of the patient by the *unusual cell waste* incident to lactation? Our plan is to give the puerperal patient as good nutritious food as she has an appetite for, and can easily digest. The woman exhausted by labor needs rest. As soon as she awakens give her a cup of good beef, chicken or mutton broth, as soon as the general condition of the woman and the appetite calls for it, a safe guide, no matter whether it is the second or ninth day, gradually give solid foods—mutton-chops, tenderloin of beef, poultry or game. I have often had



patients eat a good piece of tenderloin steak, the day after delivery, with a decided relish and with good results. A nutritious diet of this kind has a decided tendency to prevent puerperal women from suffering from nervous exhaustion, sleeplessness, and many annoying and persistent nervous symptoms, due to the excessive demands made on the system for the restoration of the uterus to its normal state and for the keeping up of the function of lactation.—*Med. Waif.*

### SMELL OF SOUND MEAT.

The examination of the flesh of animals from which the viscera have been removed, necessitates the analysis of all the tissues, the inspection of the fat, muscular tissue, fasciæ pleura and peritoneum, spinal cords, glands, vessels, blood, etc., before the meat can be accepted. In the normal state the flesh of every animal has its own characteristic odor. Beef has a special insipid kind of smell, modified by the different modes in which the animals have been fed. Thus it is stated that the flesh and milk of cattle in the polar regions have a fishy odor, because the absence of pasturage obliges the inhabitants to feed their oxen and cows on fish. Veal smells of milk, mutton of wool and sometimes grease. The normal odor of pork is insipid and inoffensive, but when the pigs are fed on offal the flesh has a pale cachetic hue, and an offensive smell and taste. The odor of poultry fed on corn differs from that of poultry artificially fattened. In a diseased state, meat emits a typical odor resembling the breath of feverish patients. This odor is particularly noticeable beneath the shoulder and in the muscles of the inner side of the leg. The odor should be carefully noted immediately after the incision is made. This should be done by the inspector himself. When diseased meat is roasted, it emits a strong and offensive smell. The fever odor is particularly marked in the case of animals which have suffered from peritonitis, charbon, morbid symptoms following parturition, or with ordinary acute disease. In such cases the smell is recognized at once and it is unnecessary to make any incision. "Feverish" meat is always unfit for consumption on account of the leucomaines which it may contain. Moreover, there always exist pathological lesions which denote clearly that the animal was diseased before being killed.—*British Medical Journal.*

### SUTURES AND LIGATURES WITHIN THE ABDOMEN.

The choice of material for sutures and ligatures for the abdominal walls and intra-peritoneal structure is a matter of considerable importance, and one upon which the opinions of leading surgeons in the world are divided.

Numerous experiments have been made from time to time, and their results have shown that four or five kinds of material can be used with safety, if certain precautions are used. Practical surgeons have for years used these different varieties with various degrees of success. Some recent experiments reported by Dr. Thompson in the *Centralblatt für Gynäkologie*, and quoted in the *British Medical Journal*, are interesting in this connection. He rejected silver as an unabsorbable material, and used carbolized catgut, chromic gut, silkworm gut, and silk. All were sterilized, and made as nearly as possible of equal thickness. With a view to the use of sutures in cæsarian section, rabbits, cats, and bitches, that had recently given birth to young, were chosen. A short incision was made in each uterine crown and united again by a suture, different kinds being used on opposite sides in each case. The omentum and abdominal wound were also sutured. At different intervals the animals were killed and the sutures inspected. We are told that carbolized gut was completely absorbed in seventeen days, little but the knots remaining in ten days. Chromic gut was unabsorbed in sixty-four days. Silk threads were loosened but intact in fourteen days, and almost entirely absorbed in sixty-four days. From these results Dr. Thompson concludes that in abdominal surgery silk is the best and safest material for suture, since it can be thoroughly sterilized, and is slowly but surely absorbed. Chromic gut and silkworm gut are bad because unabsorbable. Carbolized catgut is unsafe because it is too speedily absorbed.—*Editor Canadian Practitioner.*

### ANTISEPTIC IRRIGATION FOR CHRONIC SYNOVITIS.

The treatment of chronic joint swellings, especially of the knee, is often a matter of discouragement, owing to the unsuccessful nature of the results obtained. Such measures as rest, compression, and aspiration may, and perhaps do, in some few instances lead to a degree of improvement, but certainly the rule is—That the end attained falls short of that which could be desired. A plan of treating such affections which has been occasionally adopted with success is advocated as being worthy of more frequent employment by Dr. M. H. Richardson, of Boston. This consists in first withdrawing from the diseased joint the fluid effused into it by means of an aspiration syringe, and then injecting into it a quantity of a 5 per cent. solution of carbolic acid, from three to five ounces or more. Massage of the joint is then carried out to ensure that all its structures are brought well into contact with the antiseptic liquid, which is then allowed to escape, aspiration assisting in the process. The returning solution is turbid from the presence of coagulated albu-

men, which may possibly exist in amount sufficient to block the aspirating needle more or less completely. The joint having been thus emptied, the limb is fixed on a splint and pressure applied. After a few days it is found that pain is quite absent, and the joint scarcely at all full of fluid, while in two or three weeks cure seems to be quite effectual. A plaster of Paris bandage is recommended to be worn for a time. The situation advised for insertion of the needle is the outer side of the joint opposite the upper edge of the patella, and in case a reaccumulation of fluid takes place Dr. Richardson advises that a repetition of the operation should be resorted to, but he insists on the propriety of not adopting it in the first instance until the less radical means of alleviating the condition of the joint have received fair trial. He reports several cases in illustration of the advantage derived from the proceeding; in all very marked improvement and restoration of usefulness took place.—*Med. Press and Circular*.

#### A NEW ELIXIR OF LIFE.

The celebrated scientist, M. Brown-Séguard, has recently been making some marvellous, if not startling, discoveries. He has been making experiments (as reported in *Progrès Médical*) with a view to ascertain the effects produced on the system by the action of the testicles on the blood circulating through them. We find that he has been studying this subject for twenty years, and during that time has done a fair amount of experimenting. In 1875 he found in one instance that grafts containing testicular matter had a wonderful effect on an old and broken-down dog, inasmuch as it endowed him anew with the friskiness of youth. Latterly, M. Brown-Séguard has been experimenting on himself by using subcutaneous injections of blood from the spermatic veins of a young animal mixed with the juice obtained by crushing its testicles with a little water. He is said to be verging on fourscore, and therefore the results of such experiments will prove of great interest.

He reports the following effects: His muscular strength has returned in great measure; that torment of the aged, intestinal atony, has disappeared, so that defecation has become normal again; the bladder has regained its contractility, as shown by increase of force in the stream of urine; mental exertion has become easy again; and finally there are many other manifestations of return to youthful vigor. When these remarkable *facts* were reported to the Paris Société de Biologie, some of the members were unkind enough to throw doubts on the conclusions and attribute the results to imagination. What the majority thought, we know not; but it has been suggested that, if the great scientist, once old and enfeebled, but now reju-

vinated and frisky as a kitten, is correct, vast possibilities may be huddled together in the testicles, and possibly also in the ovaries. If it happen that testicle juice or ovary cutlets will restore youthful vigor and friskiness, what a shaking up there will be of the dry bones of the aged and feeble! M. Brown-Séguard will not have lived in vain, his elixir will be the most popular of modern nostrums. Great is science, and truly wonderful are her discoveries. In the meantime there is likely to be a large and immediate demand for young testicles, and small boys and dog pups had better not wander far from their protectors.—*Editor Canadian Practitioner*.

#### TREATMENT OF DIPHTHERIA.

Mr. John Raye has obtained excellent results from a treatment that he summarizes as follows: If laryngeal breathing is present, apply large sponges, well wrung out of boiling water, to the throat for at least an hour, changing the sponges as they grow cold. The sponge is easily prepared by putting it in a strong towel whose ends are hung over the edges of a basin, and then pouring boiling water over the sponge and wringing it dry by twisting the ends of the towel in opposite directions. The nurse can judge whether the child can bear the sponge by applying it to her own naked elbow. As soon as possible get carbolic steam around the patient and spray the throat, driving the spray down to the epiglottis, with sulphurous acid,  $\bar{3}$  ss to  $\bar{3}$  i; syrup,  $\bar{3}$  iii or  $\bar{3}$  iv; water to  $\bar{3}$  viii. This spray is to be used three or four minutes every hour or two, three or four hours according to its effect on the membrane. Give a mixture of sulphurous acid,  $\bar{3}$  i; syr. aurantii,  $\bar{3}$  iii or  $\bar{3}$  iv; water to  $\bar{3}$  vi or  $\bar{3}$  viii, with or without quinine or chlorate of potash, 1-6 or  $\frac{1}{2}$ , as the case may be, every two, three or four hours, according to symptoms; in severe cases every half hour. Give plenty of liquid nourishment from the first, with a liberal allowance of port wine and bark or brandy, according to the state of the heart, pulse and general condition of the patient. When the danger of the acute stage is past give iron, quinine and strychnine, or cod liver oil, and treat symptoms as they arise. For children of about three years the following mixture is enough:—

Sulphurous acid,	$\bar{3}$ ii to $\bar{3}$ iii
Syrup,	$\bar{3}$ ii to $\bar{3}$ i ss
Water,	$\bar{3}$ iv

One or two teaspoonfuls every hour or two hours. The spray is for adults. I am certain that if the case is treated early the disease will be cut short; in severe cases one may confidently predict a favorable result, and even in very severe cases—cases I formerly would have looked on as hopeless—a reasonable and just hope can



be held out that the patient will recover. There are times when one is called to a dying patient; then the only chance of life is offered by immediate operation. In conclusion, I feel well assured that if the plan I have described be adopted at once, assiduously persevered in, and given a fair trial, diphtheria will no longer be the dreaded disease it is generally considered.—*Med. Press and Circular.*

### CHEST PERCUSSION DON'T'S.

Don't percuss in a cold room, and always divest that part of the chest which you examine of all clothing.

Don't undertake to percuss without doing it thoroughly and methodically.

Don't forget that percussion, like all the other methods of physical diagnosis, is but a process by which you compare the resonance, or want of resonance, of one side with the other.

Don't use a hammer and pleximeter in preference to the middle fingers of both hands.

Don't fail to keep the nail of the percussing finger well trimmed.

Don't strike the chest as if you were cracking stones, or committing an assault on your patient. Don't strike from the elbow, but only from the wrist or knuckle.

Don't strike slantingly, but always perpendicularly to the chest walls.

Don't vary the force of your blows.

Don't allow the hammer finger to remain on the pleximeter finger after the blow is delivered, but allow it to rebound like the hammer of a piano.

Don't disturb the relative position between your ear and the patient's chest more than you can possibly help; therefore, always lay the pleximeter finger in such a direction that the distal end points outward and the central end toward the middle of the body.

Don't percuss over a rib, on one side, and over an intercostal space on the other.

Don't forget that the percussion pitch is normally higher over the right than over the right apex.

Don't omit clavicular percuss'ion.

Don't place too much confidence in a single abnormal physical sign.

Don't allow any voluntary muscular tension or stiffness of the patient's chest.

Don't allow the arms to be folded, but direct that they should hang loosely by the patient's side with a slight forward inclination.

Don't stand your patient against the wall, or let him stand against any object.

Don't fail to realize that percussion skill depends on constant practice.

Don't neglect to familiarize yourself thoroughly with such high and low-pitched sounds as those

given out by percussing the head of the humerus, and the infra-scapular region in health; and also with all the intermediate grades of sound found between these two points.

Don't confine your attention in your percussion practice simply to the human chest, but percuss anything suitable that may come in your way—a wooden table, desk, etc., furnish a variety of sounds for such practice.

Don't forget that occasionally pulmonary consolidation, when located in close proximity to a large bronchus, or to the hollow abdominal viscera, evinces a tympanitic percussion sound.

Don't fail, in cases of complete dulness or flatness at the base of the chest, to mark the upper limit of such dulness in front while the patient is standing; then place him on his back, and ascertain whether the line of dulness changes.—*Thomas J. Mays, M.D., in Med. and Surg. Reporter.*

### SYPHILITIC PHTHISIS.

The characteristic signs and symptoms which distinguish the syphilitic form of the disease are chiefly an absence of well-defined physical features in its earlier stages; frequently the only evidence of the disease being a wavy respiration or an impaired respiratory sound. However, when crepitation appears, it commences suddenly, and is usually of a loud, moist character, and may diffuse itself very rapidly over the whole side of the chest. Hæmotysis is generally a prominent factor; there are no persistent, well defined fever and night sweats; the expectoration is frequently tough, white, stringy and abundant; the patient, as a rule, is anæmic, subject to diarrhœa and vomiting; the marked anorexia and wasting do not appear early; and any change which occurs in the course of the disease, either towards recovery or death, is generally more marked and sudden than in the ordinary form.

The absence of fever, or the tendency of the fever to assume an irregular or abnormal course, I regard as one of the most valuable symptoms in differentiating this form of phthisis. Whenever I meet with a constant low temperature in such cases, my suspicion of infection is always aroused, in spite of the absence of other satisfactory evidence.—*Mays, in the Polyclinic.*

### FUNCTION OF THE COCCYX IN LABOR.

It is quite impossible to over-estimate the importance of thoroughly understanding the mechanism of the passage of the fœtus through the pelvis. This dominates the whole scientific practice of midwifery, and the practitioner cannot acquire more than a merely empirical knowledge, such as may be possessed by an uneducated widow, or conduct the more difficult

cases requiring operative interference, with safety to the patient or satisfaction to himself, unless he thoroughly masters the subject.

Thus appreciating a knowledge of the mechanism of labor, we have read with much pleasure a contribution to the study of the subject by Dr. Henry D. Fry, of Washington, entitled, "The Function of the Coccyx in the Mechanism of Labor" (*Amer. Journal of Obstetrics*, Dec., 1888). Dr. Fry states that obstetricians in general attribute no function whatever to this little bone, except to get out of the way of the advancing head, and thereby to increase the antero-posterior diameter of the inferior strait. It is not even supposed to possess any obstetrical importance unless it rudely refuses to be pushed aside. He believes, however, that the coccyx has a distinct function to perform and that only after it has performed it does the bone recede before the advancing head. According to Dr. Fry, the function of the coccyx in labor is to cause extreme flexion of the head—in anterior positions of the vertex—at the inferior strait, whereby the escape of the occiput from beneath the pubic arch is facilitated, and the sub-occipito-bregmatic diameter of the head is brought in relation with the antero-posterior diameter of the pelvis, instead of the longer occipito-frontal, or occipito-bregmatic diameter. When the head reaches the inferior strait in normal labor it is not in extreme flexion. But as the head advances the brow meets with the resistance of the coccyx, its advance is arrested and the occiput descends. The resistance of the coccyx keeps up flexion until the occiput escapes from beneath the pubic arch and the nape of the neck becomes fixed against the symphysis pubis, when, since the occiput can advance no further, the force of the expulsive efforts is transmitted to the brow, overcoming the resistance of the coccyx and causing extension of the head with delivery of the brow and face.

While these views of Dr. Fry seem to be but a slight modification of the view that this last exaggerated flexion of the head is brought about by the resistance of the pelvic floor against the advance of the frontal region of the head—because the resistance of the normal coccyx must be equal to the resistance of its muscles—yet it is well to have the fact insisted upon that exaggerated flexion of the head does occur during the escape of the occiput, and prior to extension of the head. Because, while usually admitted, its bearing upon the proper management of the close of the second stage of labor is not generally appreciated. Having in mind the mechanism of passage of the head through the inferior strait and soft parts, the practitioner is enabled intelligently to manage this stage of labor, favoring flexion or extension of the head, and retarding or accelerating its advance by his manipulations as the circumstances indicate, all

being done in accordance with, instead of in opposition to, the natural mechanism of labor.—*Editor Med. Surg. Reporter.*

#### EARLY SIGNS OF PREGNANCY.

There are probably very few physicians who have not at times felt the need for some trustworthy means of deciding upon the existence or absence of pregnancy at a time when if present it could not be far advanced, and when it is too soon to expect to hear the sounds of the fetal heart or to obtain the confirmation of *ballotement*. In this country Hegar's sign of pregnancy, which has been well described by Dr. A. K. Bond, in an article in the *Maryland Medical Journal*, in the early part of this year, has not received the attention it deserves, and American physicians have failed to appreciate or at least to practice, Hegar's method.

This sign is to be determined by combined rectal and abdominal examination. It consists in the detection of an unusual softness, thinning, and yielding condition of the lower uterine segment—that is, of the part immediately above the insertion of the sacro-uterine ligaments. This condition of the part is perceptible whether the rest of the body of the uterus feels firm and hard, or soft and elastic. Even in the latter case it is always possible to compress the lower uterine segment, to draw it out to a certain degree with the fingers, and so to distinguish it from the part above it; while below, the cylindrical cervix of firmer consistence is felt distinctly coming off from it. The yielding and flaccid condition of the part may be so great that one may doubt whether there is any connection at all between the neck and the larger swelling in the abdomen or pelvis. This is especially true when pregnancy occurs in uteri with hypertrophic elongation of the cervix; and even laparotomy has been done under the mistaken idea that the pregnant corpus was a tumor, independent of the uterus. The condition referred to depends upon the fact that the lower uterine segment, as the thinnest part of the corpus, on account of pregnancy, becomes succulent, of looser texture, thinned and extremely elastic. According to Reine, "failure to find this, however, in no way excludes pregnancy, since it is easy to see that with marked chronic infarctio uteri (hyperplasia), pregnancy may exist without rendering this condition of the lower uterine segment very evident."

There is another useful sign of pregnancy which depends upon the well-known fact that, in the first eight or ten weeks of pregnancy, the principal enlargement of the uterus is in the antero-posterior diameter of its corpus, while the cervix undergoes scarcely any change, except a superficial softening at the external os. The direction of the enlargement of the body of



the uterus causes it to project markedly from the cervix, especially in front. The shape of the whole uterus has been likened by Grandin to an old-fashioned fat-bellied jug. This striking relation between the corpus and cervix is readily distinguished by one moderately skillful in making the bimanual examination. A quite characteristic boggy, softening, and compressibility of the lower uterine segment is also detected. This sensation is brought about by the effects of the physiological congestion of pregnancy upon the uterine tissues, and partly, also, by the fluid contents of the uterus.

The condition just described is an almost positive sign of pregnancy, especially if in addition there is marked fullness and pulsation of the vessels on both sides of the pelvis, without evidence of pelvic inflammation, and a more or less distinct purple hue of the vagina. It is reliable as early as the sixth or eighth week.

It would seem theoretically, that this method of examination had one marked advantage over combined rectal and abdominal examination, for not only can the physical condition of the lower uterine segment and increased mobility of the corpus be made out nearly as well, but the striking jutting out of the corpus over the cervix is much greater in front than behind and therefore more easily detected through the vagina than through the rectum. Naturally the employment of both methods of examination would give more trustworthy information than either alone. This condition of the lower uterine segment was apparently known to Dr. Rosch as long ago as 1873, but he failed to appreciate fully the subject and only laid stress on the feeling of fluctuation to be obtained by bimanual examination.—*Med. and Surg. Reporter*.

### GONORRHOEAL DISEASES OF THE UTERINE APPENDAGES.

BY JOSEPH PRICE, M.D.,  
Of Philadelphia.

Read before the Philadelphia County Medical Society, February 12th, 1889.

The attitude of numbers of professional men who express either incredulity or absolute disbelief in the causative relation between gonorrhoeal diseases in women and pyosalpinx and abscess of the ovary, is sufficient justification for a still further discussion of this subject. My views upon the matter are based neither upon theory nor upon microscopic examination. They are from surgical experience only or from confessions of men whose wives have been diseased by them. From the time that Noeggerath first formulized his belief upon this subject it has been smiled at, contradicted or controverted, but never in its essentials disproven. In his earlier paper Naeggerath fell into the common error of enthusiasts, that of attributing too much to his discovery and claiming too wide a pathological

field as the sequelae of this trouble. This, without doubt, led many otherwise fair-minded men to pass over his paper as unworthy of attention, thus impeding the progress that otherwise would have followed its discussion and the observations based upon its claims. In taking up most of the later surgical works we find the etiology of ovarian and tubal diseases considered from this standpoint omitted—a missing link, or differentiated out of sight. This is wrong. As early as 1877 Mr. Lawson Tait and others insisted upon the relation existing between gonorrhoea in man and tubal diseases in women. Noeggerath antedated him about five years. Mr. Tait also insisted on its causative relation to perimetritis, this as late as 1883. Schroeder, in the early editions of his *Gynecology*, insisted upon this as bearing a causative relation to ovarian and tubal troubles. In the very latest edition he says: "Gonorrhoea, in the highest degree, appears as a causative disease in women." Sanger also is an ardent advocate of the same belief. He is wrong, however, I am persuaded, in holding that the gonorrhoeal infection is always late in revealing its presence in the woman when transmitted by the man. To this subject I shall refer later.

Without further collation of authorities upon this subject, I shall proceed briefly to its discussion. Whether or not the presence of the disease can be diagnosticated absolutely by the presence of gonococcus of Neisser, is of small importance, if by the chain of common evidence we can connect the presence of one disease with the other in their sequence. If, on discovering tubal disease in a woman who has never aborted nor had any of the diseases incident to childbed, who has been healthy up to a time, after which vaginitis has occurred, contracted from her husband, after which the woman from time to time experiences increasing pelvic pain, losing strength and weight—the case, it seems to me, is made out, save as quibbling may dispute it. This history occurs in most of the cases I have handled. Of the many cases that have come under my observation, I choose the following as illustrative and typical:—

A young married woman, one child. Her recovery from childbed excellent: no gonorrhoeal infection of the child at birth. Some months afterward she had inflammation of the vulvo-vaginal glands, with suppuration. Later she appeared with abdomen tense and painful, enlarged tubes and ovaries, tender and painful on the slightest movement or pressure; she had lost in weight and strength. Her husband confessed to the infection of his wife. The diagnosis was made of gonorrhoeal pyosalpinx, and operation proved the correctness of the opinion. Both tubes contained pus, were cheesy and friable—the ligatures cutting through all but the vessels. The abdomen was full of fluid,

and the intestines gave evidence of acute peritonitis.

The history here is complete, leaving no possible doubt as to the origin of the disease. The early infection here exhibited is at variance with the views of Snger and shows that his statements are not necessarily correct, or accidentally correct if at all so. There is no sufficient reason why this infection should not be early. I incline to the belief that the disease originates early, but may be slow in its progress, and thus escape attention and discovery.—*College and Clinical Record*.

### PROGNOSIS OF HEART DISEASE.

The invention and improvement of the stethoscope and of the sphygmograph have led to a closer study of diseases of the heart, as the result of which our ability to recognize them early has been materially increased. In more recent years, also, the treatment of heart diseases has improved, especially by the judicious use of Oertel's method, a good description of which was published in the *Reporter*, May 26, 1888. These two factors—great power in diagnosis and improved methods of treatment—have naturally tended to make the prognosis of affections of the heart more hopeful.

Prof. Leyden recently drew attention to this circumstance in a communication published in the *Deutsche med. Wochenschrift*, April 11, 1889. This distinguished clinician says that sudden death is liable to occur in aortic insufficiency, both in grave cases associated with considerable dilatation and hypertrophy, and also in cases in which the lesion is slighter and better compensated. He admits that it may also occur in true angina pectoris—that is to say, in the form which is dependent upon sclerosis of the coronary arteries; but he declares that in all other varieties of heart disease sudden death is a relatively rare occurrence. In mitral affections, for example, it occurs in only about two per cent. of the cases, and is therefore so rare that the physician may neglect it in prognosis. In fatty degeneration of the heart sudden death occasionally occurs, it is true, as it does in the later stages of acute diseases and in the beginning of convalescence from them. It may also occur under the influence of over-exertion or strong emotions; but, as Leyden points out, these are rather general conditions which lead to heart weakness than affections of the heart themselves. And, after all, they result in sudden death so rarely that they need not be reckoned in prognosis.

In addition to the information gained by an examination of the heart and the condition of the circulation, it should be borne in mind, in making a prognosis, that the age, sex and circumstances of the patient, as well as the apparent effect of treatment, have each to

be considered in estimating the probable result of the disease. For instance, little children do not bear heart affections well, while older children and young persons, on the contrary, do bear them well. In the aged the prognosis is grave, because heart affections are, at this period very commonly the consequence of arterio-sclerosis—a disease which progresses steadily and is never arrested.

As regards sex, the prognosis of heart disease in general may be said to be more favorable in women than in men, as would naturally be supposed from the fact that women are less exposed to the influences which determine arterio-sclerosis and grave cardiac affections, namely, physical overwork, venereal excesses, and alcoholism. Moreover, aortic insufficiency—the most unfavorable form of heart disease—predominates in men, whereas women are more subject to mitral stenosis. The latter lesion, Leyden states, is relatively benign; but he should have made an exception in the cases in which pregnancy complicates it, for then it is very fatal.

The patient's manner of life and his ability to take proper care of himself are important elements in the prognosis of heart disease; and it is for this reason that better results are obtained in the treatment of heart disease in private than in hospital practice. Furthermore, the readiness with which the heart is found to respond to cardiac tonics and stimulants is of importance. If such remedies fail, the outlook is of course more gloomy, as a lack of recuperative power on the part of the heart is indicated. Digitalis is the best remedy for use in judging of the power of the heart to respond to stimulation. But failure with it does not leave us entirely powerless, in spite of the fact that the effect of analogous remedies and methods of treatment is more uncertain.

Medical men, and the more intelligent of lay men, have long known that the existence of heart disease, in which compensation is good, is compatible with long life and comparative comfort, if the patient's circumstance permit him to live on a comparatively even plane of life, and with the best treatment of his heart trouble. They have also known that, when death results from heart disease, it is the exception, and not the rule, for it to come suddenly. Nevertheless, the average layman still regards the diagnosis of heart disease as equivalent to a sentence of death at no very distant period, and is continually in dread of sudden death.

This false conception will continue to influence the public mind until general practitioners, and especially family physicians, succeed in establishing a correct view of the matter in the minds of their patients.

It is to be hoped, therefore, that the views which we have just cited may be carefully con-



sidered in order that as hopeful a conception as is proper may be formed of the prognosis of heart disease in general.—*Med. and Surg. Reporter.*

#### PAPERS PROMISED FOR MEETING OF C.M.A. AT BANFF, AUGUST 12TH- 14TH INST.

(1) The Endemic Fever of the North-West Territories (Mountain Fever). Dr. A. Jukes, Regina.

(2) The Climate of South Alberta, with special reference to its advantages for patients with pulmonary complaints. Dr. G. A. Kennedy, McLeod.

(3) Traumatic Inflammations of the Eye and their proper treatment. Dr. John F. Fulton, St. Paul, Min.

(4) Hematoma of the Vagina and Vulva. Dr. A. H. Wright, Toronto.

(5) A Case of Empyema Successfully Treated by Free Incisions. Dr. James Ross, Toronto.

(6) The Early Recognition and Treatment of Epithelioma. Dr. L. Duncan Butkley, New York City.

(7) The Relief of Pain in Eye and Ear Affections. Dr. R. A. Reeve, Toronto.

(8) Sulfonal. Dr. James Stewart, Montreal.

(9) Neuro-Lithotomy. Dr. F. T. Shepherd, Montreal.

(10) Vertigo—An Eye and Ear Symptom. Dr. T. W. Stirling, Montreal.

(11) A Résumé of a Few Surgical Cases. Dr. E. A. Praeger, Nanaimo, B.C.

(12) Varicella. Dr. Whitaker, Cincinnati.

(13) Preventable Deafness. Dr. Buller, Montreal.

(14) Colles' Fracture, by Dr. Grassett, Toronto.

(15) Common and Easily Preventable Cause of Retro Displacements, by Dr. Laphorn Smith, Montreal.

#### SUICIDE THROUGH READING QUACK LITERATURE.

A sad case is reported from Portsmouth, of a young man engaged as a waiter at a local restaurant, who committed suicide last week by cutting his throat. The deceased got the idea into his head that he was the subject of "nervous debility," and resorted to some doctors who gave him the usual vile literature disseminated by these pests of society, the reading of which added to his fears and terrors, and in fact, drove his wits out of him. A medical man who saw him a week or two before his death stated that he had no disease, and he had no doubt that his mental condition was caused through reading quack pamphlets.—*Hospital Gazette.*

#### OUR MEDICAL CHARITIES.

It has been proposed that a great demonstration, in aid of these noble and (as regards management) truly British institutions, shall take place in Hyde Park at an early date. The following will compose the procession:—

##### I.

Six stalwart Hospital Porters, three abreast, bearing the charters of certain charities, stating that they were founded for the relief of the "Sick Poor."

##### II.

Six Secretaries in Broughams.

##### III.

Six Treasurers in Victorias, with bulky Receipt Books.

##### IV.

Ten Medical Students carrying black bags: "covered" by ten Assistant Physicians—the latter provided with certificates from the secretaries of the Institutions to which they belong, testifying that they can prescribe for fifty patients in an hour.

##### V.

Detachment of the "Sick Poor," in their own vehicles, three abreast—Males smoking Havana cigars; females wearing silk dresses, feathers, jewellery and kid gloves.

##### VI.

Three Water Carts "loaded" with Physic, which will "play" at intervals during the demonstration upon

##### VII.

Twenty ruined, or distressed General Practitioners, on foot, accompanied by their care-worn wives and luckless offspring.

##### VIII.

Twenty Hospital Sisters, and Nurses, who glance disdainfully at the ten Assistant Physicians and the distressed General Practitioners.

##### IX.

Twenty Hospital Physicians in carriages and pairs, the coachmen and footmen in rich liveries.

##### X.

Seven Banners borne by Hospital Chronic, inscribed with "No Fees," "Why Pay Doctors?" "Why Join Sick Clubs?" "Free Physic," "Shake the Bottle," "Plenty of Lotion," "Full Diet."

##### XI.

His Eminence, The College Skeloton.

RESPICE FINEM.—*Hospital Gazette.*

Veratrum Viridie in two-drop doses of the tincture will control the circulation in pneumonia better than the lancet of forty years ago.—Brief.

## DIAGNOSIS AND TREATMENT OF TUBERCULAR PERITONITIS.

Dr. Samuel Fenwick, in the course of his lectures on cases of difficult diagnosis, writes as follows upon the diagnosis of tubercular peritonitis in the adult (*Lancet*, March 9, 1889): The diseases with which we are most apt to confound acute tubercular peritonitis are typhoid fever and acute non-tubercular peritonitis, and in some instances the resemblance is so close that it is only by great care and watchfulness that we can avoid falling into error.

As a general rule, tubercular peritonitis of this kind begins suddenly, whilst typhoid is usually preceded by a period in which the patient has been weak, feeble, and feverish. In the former, pain in the abdomen is more marked, and there is tenderness over different parts whilst pain in the latter is rarely severe, and any tenderness that may be present is confined to the iliac region. In tubercular peritonitis the temperature rises at once, and not regularly, as in enteric fever, and the pulse is usually more rapid. As the case proceeds the temperature varies more in peritonitis, spots are rarely observed, and the stools have not generally the typical appearance of those passed in typhoid; whilst at a latter period the persistence or frequent returns of abdominal pain and tenderness and of vomiting, the variations of the temperature, the alternations of constipation with diarrhoea, and the increasing prostration, will in most instances enable you to distinguish between these diseases. In addition to these differences, you will in many cases be able to render your diagnosis more certain by the discovery of fluid in the peritoneum, or by the detection of a tumor in the abdomen; or you may find the signs of effusion in the pleura or of a consolidation in the apex of one or both lungs.

Still more difficult is it to distinguish between acute tubercular peritonitis and ordinary peritonitis when the former does not assume from the first the typhoid form. In many cases I believe it is impossible to arrive at a certain conclusion in the early stage, for both may attack persons previously healthy, both may be ushered in by similar abdominal symptoms, and it is only by watching the progress of the disease that you can form an accurate opinion. As a general rule, the pain, tenderness, and vomiting are less distressing in the tubercular form, the temperature is lower, and there is more usually diarrhoea than constipation. As the disease progresses, the abdominal symptoms recur from time to time instead of slowly subsiding, the temperature remains high, emaciation becomes more marked, the effusion into the peritoneum is very slowly absorbed, and you may discover signs indicating effusion into the pleura or pulmonary consolidation.

As regards the treatment of acute tubercular peritonitis in the adult, he says: In the typhoid form I have usually treated the case as if it were one of enteric fever; that is, the patient has been kept at rest, the food has been restricted to liquids, and cold sponging has been employed whenever the temperature has been unduly high. Quinine in moderate doses in combination with opium has been prescribed to relieve pain and to check diarrhoea. In the cases in which the symptoms were chiefly abdominal the treatment has been directed as in ordinary peritonitis; poultices and hot fomentations have been applied to the abdomen, and small doses of opium have been given to relieve pain and diarrhoea. You must, however, be careful not to induce constipation, for it is usually followed by attacks of vomiting that quickly reduce the strength of the patient.

You may ask whether the washing out of the peritoneum, which is so successful in some cases of suppurative peritonitis, is likely to prove beneficial in this kind of case. I have never seen it tried, chiefly because the real nature of the disease has more frequently been suspected than actually diagnosed during life; but I do not think it would be of much value, as I have found the fluid serous, not purulent, and the patients have seemed to me to sink from the general acute tuberculosis, and not from the effects of the inflammation of the peritoneum.

## COUNTER IRRITATION IN WHOOPING COUGH.

Dr. Inglott, district officer of the Island of Malta, writes to the *Brit. Med. Jour.* of the success which he has had in the treatment of pertussis by the application of strong counter irritation of the pneumogastric nerve between the mastoid process and the jaw. One case is quoted of the many which he has had under treatment:

G. C., a boy, æt. 12 years, of weak constitution, was suffering from frequent and intense attacks of whooping cough. At a time the fits were so vehement that blood came out of his eyes and mouth. The case was a severe one and I thought that it would very likely end fatally. I prescribed several medicines, and even subcutaneous injections of morphia, but without any avail. I then tried for the first time the counter irritation on both sides of the neck, and this means acted like magic. In four or five days the patient recovered, and was able to go to school. Since that time I have been applying the same treatment, either on the right side only or on both, with the greatest benefit.



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## THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

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Subscription Price, \$2.00 per annum in advance. Single  
Copies, 20 cts.

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All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

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MONTREAL, AUGUST, 1889.

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### C.M.A., BANFF.

Among the Montreal contingent will be Drs. Roddick, Gardner, Buller, Rodger, Geo. Ross, Stewart, Wilkins, Armstrong, Mount, Lachapelle, McCallum, Bell, Shepherd, F. W. Campbell, Trenholme and Fenwick. The first four mentioned have already started with the intention of "doing" British Columbia before the meeting. The number of papers promised so far is only fifteen, which, however, will furnish material for discussion. About 150 certificates have so far been issued by the General Secretary, and the indications are that the excursionists will have a good time.

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### MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The fortieth meeting of the above Association, which was held on the 25th June and three following days may be considered, from many points of view, to have been very successful. Although there was an attendance of only 700 members, these, with their families, were as many as the hotels could accommodate. Many valuable papers were read, extracts from which will appear from time to time in this journal. The next place of meeting was decided in

favor of Nashville, Tennessee, on the third Tuesday in May, 1890. This year, owing to lack of good will on the part of the Old Colony Railway, which refused to grant any reduction over its short piece of road, the other roads also declined to make any reduction, but for next year the permanent secretary was instructed to make travelling arrangements in good time for the meeting. This we think will have a very considerable influence on the members attending, while it would probably pay the railroads well to carry several thousand passengers at half fare, who would not otherwise travel at all.

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### STRENGTH IN UNION.

It is with the greatest of pleasure that we notice that four of the leading medical journals of the United States have joined forces, namely, *The Medical Times*, *Medical Register*, *Dietetic Gazette* and *The Polyclinic*, which will in future appear weekly under the title of *The Medical Times Register*, and under the able management of Dr. Wm. F. Waugh, the former editor of *The Medical Times*.

We have already received several numbers of the consolidated journal and have had no difficulty in perceiving the great increase in value to the reader which such a combination might be expected to afford. Dr. Waugh is admitted by all to be a scholar of no mean attainments, and we can rest assured that under his management *The Times Register* will continue to be what it is now, one of the best journals in the United States. It may be of interest to intending subscribers to know that the subscription price of the four journals combined will remain the same as for one of them, namely, three dollars per annum. We also notice with pleasure that *The Medical Press of Western New York* has been merged into *The Buffalo Medical and Surgical Journal*. As the readers of papers before the Medical Editors' Association at Newport remarked, there are too many journals with small circulations depending for existence entirely

on the advertising of drug firms. Not that we have anything to say against these advertisements, for very often they furnish very interesting reading, but a journal should have enough subscribers to pay its way independently of what it may receive from this source.

### BROWN-SEQUARD'S ELIXIR OF LIFE.

In these days, when one wonderful discovery rapidly succeeds another, the wisest course for the scientific man to pursue is one of expectancy. What seems impossible to-day becomes merely improbable to-morrow; and the possible of one day becomes an accomplished fact the next. So that when a man with so great a reputation for accurate observations as Brown-Sequard, to whom physiology owes so much of its present solid basis, makes a statement before a learned society, it is nothing short of folly to ridicule it, until it has been deprived of the experience of others. For years, he says, he has been engaged in studying the influence of the testicles on the organism of their owner, and he had come to the conclusion, as many others have done, that their influence is very great. By removing the testicles from a young man the whole tenor of his life is changed, and he becomes prematurely old. It is also well known that the fulness or emptiness of the seminal vesicles decides whether he will feel tame or fiery. By some it is thought that after the spermatic fluid is secreted, some of its life-giving qualities may be absorbed again by the economy, giving greater mental and physical vigor to him who husbands it than is possessed by him who spends it lavishly. Brown-Sequard has gone a step beyond. By bruising the testicles of young animals in a mortar, macerating in water and filtering the liquid, he obtains a clear juice which he injects hypodermically into aged people, with, he claims, the most remarkable results. He asserts that on his own person a few such injections have restored to him the vigor of

middle age, and a Dr. Varliot, who has repeated the experiment on aged paupers, who were unaware of the treatment to which they were being subjected, assures us that the result so far has been confirmatory. Dr. Hammond, at Washington, is also experimenting, and we shall only have to wait patiently a few months in order to know exactly what the discovery is worth.

### COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

At the triennial meeting of the College of Physicians and Surgeons of the Province of Quebec held at Laval University, Quebec, on July 10th, the President, Dr. Hingston, presiding. The Treasurer, Dr. Lachapelle, submitted his financial statement, showing that the total receipts of the College from 1st July, 1886, to 1st July, 1889, had been \$16,013.03 and that, after paying all expenses, there remained a balance on hand of \$4,672.64, together with five shares of the Bank of Montreal.

The thanks of the College were unanimously voted to the Treasurer for the able manner in which he had discharged his duties during the last nine years, and the meeting then proceeded to the election of forty new governors for the next three years, with the following result:

*City of Quebec.*—R. F. Rinfret, L. Larue, C. T. Parke, A. G. Belleau, A. A. Watters and E. A. de St. George.

*District of Quebec.*—P. M. Guay, Come Rinfret, R. Fiset, L. H. Labreeque, L. T. Rousseau, P. E. Grandbois and A. Moiresset.

*District of Three Rivers.*—Hon. J. J. Ross, E. C. P. Chevrefils and F. Trudel.

*City of Montreal.*—T. A. Rodger and J. M. Beausoleil.

*District of Montreal.*—Hon. Dr. Paquet, P. Laberge, J. O. Mousseau, J. H. L. St. Germain, J. Lippe, H. A. Mignault, Hon. Dr. Marcil, Jules Prevost and J. B. Gibson.

*District of St. Francis.*—Drs. J. F. Austin, F. Pare and T. Larue.

The new Board met immediately, when the president, Dr. Hingston, presented his report, which was unanimously adopted. The representatives of the universities were then named as follows:

*McGill.*—Drs. Craik and Geo. Ross.



*Montreal School of Medicine, etc.*—Drs. Hingston and Desjardins.

*Laval, Quebec.*—Drs. Lemieux and Simard.

*Bishops.*—Drs. Campbell and Perrigo.

*Laval, Montreal.*—Drs. Rottot and Dagenais.

The election of officers resulted as follows:—

President, Hon. Dr. J. J. Ross; Vice-Presidents, Drs. R. F. Rinfret and Gibson; Treasurer, Dr. Dagenais; Secretaries, Drs. Campbell and Belleau; Registrar, Dr. L. Larue.

Professors Laflamme, Verreault, Howe and Petry were chosen as preliminary examiners.

The following were named assessors:—

*Laval, Quebec.*—Drs. Sewell and Gameau.

*Laval, Montreal.*—Drs. Marcel and Gibson.

*McGill.*—Drs. Austin and P. E. Migneault.

*Victoria.*—Drs. Angus Macdonnell and O. Raymond.

*Bishops.*—Drs. H. A. Migneault and Rodger.

Thanks were then voted to the retiring President, Dr. Hingston, and the other outgoing officers, and the meeting adjourned to the 25th of September next.

### BOOK NOTICES.

THE THERAPEUTIC VALUE OF SYSTEMATIC PASSIVE RESPIRATORY MOVEMENTS. By Henry Ling Taylor, M.D., New York.

THE PREVENTION AND TREATMENT OF CRURAL ADDUCTION. By Henry Ling Taylor, M.D., 201 West 45th Street, New York City.

THE 75,000 EDITION OF AMERICAN ASSOCIATION JOURNAL.

This is one of the most valuable numbers we have yet received and should be carefully filed away for reference by every one possessing a copy for the sake of the carefully prepared report by Dr. W. G. Eglestone, formerly assistant editor of the Journal, on the requirements of the various medical colleges in the United States and Canada. Besides, there is a very interesting illustrated description of Newport and environs, where the American Medical Association met this year.

THE VEST POCKET ANATOMIST (Founded upon "Gray.") By C. Henri Leonard, A.M., M.D. 14th Revised Edition. 198 Illustrations. Containing dissection hints and visceral anatomy. The Illustrated Medical Journal Co., publishers, Detroit. Price, 75 cents.

Every demonstrator of anatomy and every student should carry a copy of this book in his coat

pocket, unless he has a very large vest. Being printed on fine thin paper it contains all the information to be found in Gray's large work. The plates are the same as in the latter book. Altogether it is splendid value for the money.

THE PHYSIOLOGY OF THE DOMESTIC ANIMALS. A Text-book for Veterinary and Medical Students and Practitioners. By Robert Meade Smith A.M. M.D., Professor of Comparative Physiology in the University of Pennsylvania; Fellow of the College of Physicians and Academy of the Natural Sciences, Philadelphia; of the American Physiological Society; of the American Society of Naturalists; Associé Etranger de la Société Française d'Hygiène, etc. With over 400 illustrations. F. A. Davis, publisher, 1231 Filbert Street, Philadelphia. 1889. Cloth, \$6.00; sheep, \$6.75 nett.

This is about the only book in the English language treating on the subject. Owing to the excellent system followed by Prof. Smith of depicting each physiological process in the lowest order of animals, and then following it all through the higher grades, a very comprehensive view of the matter in hand is obtained. The book is profusely illustrated, making all difficult points clear; no expense being spared in this direction. We can quite endorse the claim made for it, that it is a book for medical as well as veterinary students, for while it is a necessity for the latter it is a luxury for the former.

FURTHER IMPROVEMENTS IN THE TREATMENT OF MALIGNANT STRICTURE OF THE OESOPHAGUS. By Charles J. Symonds, M.D., M.S., Lond., &c. Assistant Surgeon to, and Surgeon in Charge of the Throat Department, Guy's Hospital; Joint Teacher of Practical Surgery in the Medical School; late Surgeon to the Evelina Hospital for Sick Children. Reprinted from *The Lancet*, March 30 and April 6, 1889.

We take more than the usual amount of pleasure in acknowledging the receipt of the above, because Mr. Symonds (not Dr., which surgeons in England scorn to be called) is a Canadian who has done honor to his country. After a grammar school education at St. John, N.B., he proceeded to London and matriculated at the University of London, in due time taking the M.D., M.S. and the two gold medals in medicine and obstetrics open to all the world. By his earnest work and pleasant manner he has reached a high position in Guy's Hospital, to which he attracts many Canadians and where he makes them feel heartily welcome. The above pamphlet marks a new era in the treatment of oesophageal stricture by means of a short tube. Any one interested could no doubt obtain a copy by addressing the author.

A MANUAL OF INSTRUCTION FOR GIVING SWEDISH MOVEMENT AND MASSAGE TREATMENT. By Prof. Hartvig Nissen, Director of the Swedish Health Institute, Washington, D.C.; late Instructor in Physical Culture and Gymnastics at the Johns Hopkins University, Baltimore, Md.; author of *Health by Exercise Without Apparatus*. With 29 original engravings. Price, \$1.00 nett. F. A. Davis, publisher, 1231 Filbert Street, Philadelphia.

The author says in his preface: "Since my address on 'Swedish Movement and Massage Treatment,' delivered before the Clinical Society of

Maryland in March, 1888, appeared in several medical journals, I have frequently been asked by the medical profession to write a manual, and also to give instructions on the subject.

"Although there are numerous articles and books on massage, there are, to my knowledge, no manuals of Swedish movement and massage treatment in the English language which give any information how to apply the treatment in different diseases.

"As such a treatise seems to be desirable, I have tried to write a practical hand-book, describing the most useful movements, many of these illustrated by cuts, and giving in addition prescriptions for their use in those cases where they are most likely to be successfully applied in the sick-room and without any apparatus.

"I trust this will supply a need, and be accepted as a practical help in the treatment of the sick."

After perusing this little work we can heartily commend it to any who desire to master this somewhat mysterious method of treatment.

**LECTURES ON NERVOUS DISEASES from the Standpoint of Cerebral and Spinal Localization, and the Later Methods Employed in the Diagnosis and Treatment of these Affections.** By Ambrose L. Ranney, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate School and Hospital, etc. Profusely illustrated with original diagrams and sketches in color by the author, carefully selected wood cuts and reproduced photographs of typical cases. 778 pages, octavo, cloth. \$5.50. Philadelphia; F. A. Davis, publisher.

George T. Stephens, M.D., Ph.D., is the friend to whom the author dedicates this volume "as a tribute to his personal integrity and general scholarship, and, above all, to his original investigations respecting the causation and cure of functional nervous diseases." Albanians ever feel an ownership in Dr. Stevens, and are gratified at the increasing esteem in which he is held by the profession.

Under the head of "functional" nervous diseases, Dr. Ranney gives a full résumé of the researches of Dr. George T. Stevens respecting the bearings of "eye-defect" and "eye-strain" upon the etiology and treatment of these obscure conditions. The author's own extensive observations have led him to fully endorse all that has been claimed by Dr. Stevens. He says; "I can bear strong testimony to the value of the new methods of examination and treatment suggested by him for these distressing and obstinate maladies. Like other delicate procedures, they can only be entrusted to skillful hands, well versed in their intricacies and careful in respect to minute details. No other treatment has ever yielded me such satisfactory results in severe forms of epilepsy, hysteria, chorea, neuralgia, headache, insanity and functional visceral derangements. As no drugs were employed by me in many of these cases, the relief obtained must be attributed solely to the method of treatment referred to."

In arrangement and plan this book differs radically from others. The first part treats of those facts (anatomical, physiological and pathological) upon which the science of cerebral and spinal localization is based, and discusses the various steps which should be taken in the clinical examination of a patient, and the deductions to be drawn from the facts elicited.

Besides a full index, there is a valuable bibliography and a glossary which all students will find convenient. The illustrations are 192 in number, many of them in various colors, and in addition there are fourteen full-page diagrams and reproduced photographs of chorea.

## PERSONAL.

Dr. Godin, of St. Johns, Que., has returned home after a three months' trip in Europe.

Dr. C. J. Edgar, (M.D., McGill, 1887,) has removed from Inverness to Sherbrooke.

Dr. H. S. Birkett, (M.D., McGill, 1887,) has returned to Montreal after an absence, in Europe, of nearly two years.

Dr. D. Gaherty has been transferred from the Chair of Hygiene to that of Medical Jurisprudence in Bishop's College.

We regret to announce the somewhat sudden death of Dr. Anthony Kerry, (M.D., Bishop's College, 1876,) of Montreal.

Dr. J. B. Gibson, of Cowansville, has been elected a Vice-President of the College of Physicians and Surgeons of the Province or Quebec.

Dr. James McPherson Jack, (M.D., Bishop's College, 1859,) has been appointed Lecturer on Botany in the Faculty of Medicine of Bishop's College.

Dr. George Ross has been elected by the Medical Faculty of McGill College as one of their representatives on the College of Physicians and Surgeons of Quebec, in place of the late Dr. R. P. Howard.

Dr. Weir Mitchell, of Philadelphia, Dr. A. L. Mason, of Boston, and Dr. F. Wayland Campbell, of Montreal, were among the successful salmon anglers on the famous Restigouche River this season.

Dr. Archibald Campbell, late one of the clinical resident assistants at the Montreal General Hospital, has been taken ill in Vienna with Pulmonic disease, and has been ordered to the South of France.

Dr. W. G. Johnston, Professor of Pathology in McGill University, who for the past two years has been in Europe, is, we regret to hear, ill in Vienna from blood poisoning. At last accounts we are glad to hear that he was doing well.

Dr. C. A. Wood, (M.D., Bishop's College,) and lately Professor of Pathology in his *Alma Mater*, is now at Moorfields Ophthalmic Hospital, London. We are sure our readers will have enjoyed the instructive letters from his pen, written from Berlin, Vienna and London, which have appeared in the RECORD.

Cannabis Indica is said to be curative in supra-orbital neuralgia, dysmenorrhoea, migraine and diseases of the kidneys.—Ed. Med. Reg.



# The Canada Medical Record

VOL. XVII.

MONTREAL, SEPTEMBER, 1889.

No. 12.

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## Original Communications.

### THE CANADIAN MEDICAL ASSOCIATION MEETING.

BANFF, Alberta, Can., }  
August, 1889. }

Editor CANADA MEDICAL RECORD.

SIR,—

When the Canadian Pacific Railroad Company's Pacific Express, steamed out of the Dalhousie Square Station, Montreal, on the night of the 6th of August, it had three sleepers well filled with medical men from Montreal, the Lower Provinces and the United States—all bound for Banff, in Alberta Province, North-West Territory, to attend the annual meeting of the Canadian Medical Association on the 12th, 13th and 14th of August. The start was made ten minutes late, and this was increased to fully an hour at the Mile End Station, waiting for connection with the train from Boston. When North Bay was reached next day we were four hours behind. Here we were joined by a number of medical men from Toronto. From this westward, we gradually fell behind, partly from the heaviness of our train, and partly also to a hot box. Time passed pleasantly, although on the 7th and 8th inst. we only had two meals a day, not striking a dining car till

late in the forenoon. This *contretemps* was taken in good part by most—but writing now for the public, I think this misfortune ought to have been avoided. It was not pleasant to have to wait to 2 p.m. for breakfast as many had to do. The scenery through which we passed on the borders of Lake Superior was very grand. On Friday, 9th inst., at 4 p.m., we reached Winnipeg. Most of the members drove at once to the residence of His Honor Dr. Schultz, Lieut.-Governor of Manitoba, who gave a garden party in our honor. The music was supplied by the band of the Mounted Infantry School; a couple of hours was thus passed most agreeably; at 9 p.m. the profession of Winnipeg and vicinity gave a dinner at the Queen's Hall, at which Goldwin Smith was present. The *menu* and service of this repast was almost perfect—a better dinner or a more liberally served one, I think is rare. Speech and sentiment followed rapidly and it was 2 a.m. on Saturday before the party broke up. At 9.30 the entire party were taken by special train to Stoney Creek Penitentiary, where they were received by Superintendent Col. Bedson. The Indians incarcerated here for the Frog Lake Massacre, during the North-West Rebellion, were paraded in full war paint, and went through a war dance, and various other performances. The party returned

to Winnipeg about noon, and shortly after one o'clock left by special train for Banff. The trip across the prairie was enjoyed for a time, but by night became somewhat monotonous. About ten o'clock the cry of "prairie on fire" drew our attention to a magnificent spectacle—one which I will not soon forget. For a mile or more the prairie was a mass of flames. Being a special, our train made few stops. On the day after we left Winnipeg the prairie was undulating, with patches of trees here and there. We passed many dry alkaline lakes, the deposit making them often look like marble quarries. About five o'clock p.m. we approached Calgary, striking the Bow River, a beautiful stream, whose wooded banks were a great relief to the eye, after the hundreds of miles of prairie land we had crossed. After leaving Calgary, we followed the Bow River for some thirty miles, the land gradually rising into good sized hills, and then into magnificent mountains, which to our amazement we learned were only the foothills of the Rockies. About eight o'clock we reached Banff, and the entire party were rapidly conveyed in busses and carriages to the hotel. This was not capacious enough for the new arrivals, many of whom had to double in rooms. The manager, Mr. Matthews, however did all he could to make us comfortable. At ten o'clock on Monday, the 12th, the meeting of the Canadian Medical Association was called to order in the theatre by the ex-President, Dr. George Ross, of Montreal, who introduced the newly elected President, Dr. Wright, of Ottawa. This gentleman delivered a very able and instructive address—but altogether too long—tiring out many of the members. The afternoon was passed in sight-seeing, the only business done being a meeting of the Nominating Committee at five o'clock. In the evening the Association undertook to amend its by-laws, the whole evening being occupied in this work. On Tuesday the real work of the Association was en-

tered upon, and many valuable papers read; one of the most interesting being on the Climate of Southern Alberta, by Dr. Kennedy, of Macleod, formerly surgeon in the North-West Mounted Police. In such a letter as I am writing it is impossible to give details of the Association's proceedings. This Dr. Bell, Secretary of the Association, has promised me in a few days, and will be duly sent to you. The situation of the Banff hotel is grand almost beyond imagination—nestling on the side of a high hill at an elevation of 4,500 feet above sea level—it is surrounded on all sides by gigantic mountains, many of whose sides are well wooded by pines, whose odor fills the air. The springs are several in number, one known as the Hot Sulphur Springs issues from the mountains 500 feet above the hotel and is conveyed by pipes to the splendid bath-house attached to the hotel. Those who may wish to take baths from this spring, in its immediate vicinity, may do so, there being bathing houses on the spot. The temperature of this spring is 113 f. in summer and 118 in winter. The water has a very strong sulphurous odor, and I learned from several who were using it that in chronic rheumatism it had been productive of excellent results. The cave is a series of hot springs issuing in a cave dome-like in character and deep and large enough to allow several persons to swim in it. It is much frequented, and the temperature of its water is about 96 f. The basin, only a few feet from the cave, is another series of hot springs enclosed, and filling a large basin to a depth varying from 8 feet 2 inches to 4 feet. Its water is of a light blue and so clear that the bottom is very distinctly seen. Its water is also quite warm. Separate hours for male and female is arranged for at each, and both are much patronized. In addition to the Banff Hotel, Dr. Brett, formerly of Winnipeg, has erected a fine commodious sanitarium, which, I am glad to say, seemed well patronized, and is destined to be a very



popular establishment. Unfortunately, during the stay of the Association at Banff the weather was smoky, and much of the grandeur of the scenery was lost. At the closing meeting of the Association Dr. James Ross, of Toronto, was elected President, and it was decided to hold the next meeting at Toronto in September, 1890.

VANCOUVER, Aug. 17, 1889.

The members of the Association left Banff for the Pacific Coast in three contingents, the last arriving here to-day, where the second contingent was fog-bound. The fog was so thick that the steamer from Victoria did not arrive this morning. As I write the atmosphere is clearing, and all are in hope of getting off to-morrow. Most will terminate their journey at Victoria, returning from thence homeward. A few will, however, proceed to Seattle, in Oregon, and one or two will go as far as Alaska. Regarding the scenery in the Rockies and Selkirks, I will content myself by saying it is grand and majestic beyond description. This meeting has been most successful. No one who helped last year at Ottawa to decide in favor of Banff for this year's meeting could have hoped for a more representative gathering. They came from the east as far as Cape Breton and Nova Scotia. In fact every Province of the Dominion, except Prince Edward Island and New Brunswick, was represented. One gentleman, Dr. McInnis, of Edmonton, rode from there to Calgary, when he took the train, a distance of two hundred miles, to attend the convention. From the United States there were many and distinguished visitors, among them Dr. Barker, of Philadelphia; Dr. Bulkley, of New York; Dr. Gibney, of New York; Dr. Marey, of Boston; Dr. J. A. Gordon, of Quincy, Mass.; Dr. Connor, of St. Louis, Ills.; Dr. Whittaker, of Cincinnati, and many others.

To the Canadian Pacific Railroad the thanks of the Association are due for the care and attention it gave to the excursion.

They sent a special agent, Mr. Lalande, in charge of the party, and to his untiring energy and forethought much of its pleasure and success is due. It was a long journey, but so easy and comfortable was it made that I think no one was fatigued. I had almost forgot to say that many of the members were accompanied by their wives, and that these ladies not only stood the journey well, but contributed much to its enjoyment.

F. W. C.

### OUR LONDON LETTER.

(From our own Correspondent.)

DEAR EDITORS,—

In a previous letter I referred to Mr Howard Marsh's extremely interesting lectures on "Some of the Surgical Aspects of Tuberculosis," delivered lately at the Royal College of Surgeons. An abstract of these lectures has been published, and I venture to send you that portion which sums up the results obtained from the treatment of hip joint disease—to me the most important part of the whole subject—by continued rest of the joint, etc., as opposed to operative procedures. The following conclusions may be drawn in regard to hip disease when it is treated by continued rest and without operative interference, except the opening of abscesses as soon as they are discovered :—

1. In the first place, the anticipation which would naturally be entertained that suppuration adds largely to the immediate danger of the case, and is injurious to the ultimate condition of the limb, is confirmed. In the stage at which patients are brought to the hospital suppuration is either already present, or it occurs after admission in about half of the total number of patients. In the previous report the proportion of suppurating cases was much higher (69 per cent.), and this decrease is a source of marked improvement in the general result.

In order to prevent suppuration it is of the highest importance that the disease should be recognized early, and be treated while it is still incipient. The more perfectly these conditions are fulfilled, the

more limited will the proportion of suppurating cases become; and it is in this direction that the greatest improvement in the treatment and results of hip disease will, in the future, be attained. My own estimate, from what I have seen in the hospitals and elsewhere, is that the formation of abscess may be averted by early treatment in at least 80 per cent. of the total number of cases.

2. In suppurating cases which recover, about 65 per cent. are good, and 35 per cent. moderate cures. The average shortening is 1 inch; 50 per cent. are moveable and 50 fixed; 65 per cent. walk well and 35 indifferently.

3. In cases without suppuration which get well 77 per cent. are good and 23 per cent. moderate recoveries; the average shortening amounts to two thirds of an inch; 50 per cent. are freely moveable; 25 per cent. have slight movement, and 25 per cent. are fixed; 80 per cent. walk well and 20 per cent. indifferently.

4. The mortality due to the disease, as far as it can be ascertained in the cases I have reviewed, amounts to about 6 per cent., or if a wide margin be allowed for cases that may have ended fatally since they were lost sight of, although, when they were last seen, they were doing well, it may be safely said to be well under 10 per cent., while the mortality from general tubercular infection arising from the joint disease as a primary centre is well under 5 per cent.

A question that may naturally present itself is whether the figures I have quoted are representative, or whether they are exceptional, and such as would not be confirmed were a larger number of instances taken into account.

I believe, from all I know of the subject, that they may be accepted as typical; and I will add my conviction that the next group of a similar or larger number of cases that is published will show, not only as good, but still better results.

Now if we place the results of excision, so far as they have been recorded, side by side with the results of continued rest, I think there can be no doubt as to the conclusion at which we must arrive. Mr. Barker, in his lectures last year, dwelt emphatically on the necessity of reducing the mortality attending tubercular joint disease; but the figures he quotes have

reference to the mortality that follows excision. Thus, he gives Sacré's table of 144 excisions of the knee, with 25 deaths (of which 13 were due to tuberculosis); Mr. Croft's 45 excisions of the hip with 18 deaths, 6 caused by tuberculosis; and Grosch's analysis of 120 excisions of the knee, with a mortality of 36.7 per cent. more than half of which depended on tuberculosis. The mortality here is undoubtedly so high that Mr. Barker's desire to reduce it is both natural and praiseworthy. In Mr. Wright's case, again, the mortality cannot be estimated at less than 20 per cent. On the other hand, in cases of suppuration treated without operation the mortality, I am confident, is not more than half this amount—that is, not more than 10 per cent. My strong impression is that it is materially less than this.

As to the ultimate condition of the limb, our information respecting the results of excision is limited. But, if we take Mr. Wright's table, we find that in less than 20 per cent. of his cases had the wound healed, while in 37 suppurating cases, treated without operation, and taken without selection, there were only four in which sinuses were still discharging; and in 65 per cent. the patients walked well and firmly, and without material lameness, on the limb. As to shortening, the average amount in 30 of Mr. Wright's cases was  $1\frac{1}{2}$  inch; and in 35 cases treated without operation the average amount was 1 inch.

I do not doubt that, as operative surgery improves, the immediate results of excision will be greatly superior to those I have referred to. This is foreshadowed by the results reported by Mr. Barker and Mr. Pollard. They will be so good indeed, especially when the operation is performed early, that unless the results to be obtained without operation are kept well in view, excision will, as I venture to think, be much too commonly performed. It must be remembered that the mere healing of a wound does not show that an operation was the best thing for the patient, or afford any proof that it ought ever to have been undertaken.

The main defect of excision will lie in the ultimate result, as regards the usefulness of the limb, when this is compared with a limb in which no operation has been performed, and in which the joint, instead of having been removed, has been restored to that



considerable degree of usefulness which can generally be secured by rest.

I believe it is now recognized by most surgeons that, although the immediate result of excision of the knee, in children, may be all that could be desired—the wound often healing by primary union, or at least very quickly—the ultimate result is unsatisfactory. The union between the bones gradually, in many instances, yields; the bones do grow imperfectly, deformity ensues, and the functions of the limb are materially interfered with. It will, I venture to think, be much the same in the case of the hip. The wound may heal by primary union, and the earlier the operation the more probable will this form of union be; but deformity will often ensue, and the limb in many cases will be weak and deficient in usefulness. In short, it will be seen in both cases alike—in the knee and in the hip—that when one of the principal joints of the lower extremity has been removed during childhood, the patient has been seriously crippled.—*British Med. Journal*, Aug. 3, 1889.

I do not know whether any interest is taken in Canada in that *cause célèbre* the Maybrick poisoning case, but in London it is the topic of the hour both in and out of medical circles.

From a medico-legal standpoint and divested of the side lights, which rather confuse than assist the student who desires to reach a conclusion as to the guilt or innocence of the prisoner, the facts so far proved are these: A Mr. Maybrick, elderly and wealthy, married a young wife who was proved to have been unfaithful to him. A short time ago he died, with symptoms which corresponded rather closely to those produced by a narcotico-irritant poison.

The wife was suspected and arrested, and the prosecution tried to prove not only that Mr. Maybrick died from arsenical poisoning, but that the arsenic was given him by his wife, both statements being strongly contested by the defence. Arsenic was found after death, but none in the stomach and none in the coats of the stomach. 8 ozs. of intestines, however, yielded 0.015 grains of arsenious oxide; 4 ozs. of liver gave

0.027 grains; in the kidneys traces. The analyst, Dr. Stevenson, stated that at the time of patient's death the body contained approximately a fatal dose of arsenic, and that in cases of admitted arsenical poisoning which he has examined, he had found in some instances less in others more than was discovered in this instance. The gastric symptoms present might be explained in view of the fact that no poison was found in the stomach, by remembering that the poison was taken in solution. Again the symptoms came on directly after the patient had taken something given him by the prisoner. Once it was a cup of tea, at another it was his medicine, and again it was some *Revelenta Arabica*, and it was shown that in his medicine arsenic was present, although it had not been ordered for him. It was also shown that the jug in which he had last taken his luncheon to his office contained arsenic. The main symptoms were referred to his stomach, mouth and throat; there was much straining and hawking but not much vomiting, very little pain or tenderness of the stomach, modifications of the ordinary symptoms, due doubtless to the fact that the drug was given in solution, and in small and repeated quantities. To this cause are probably also due the late setting in of the tenesmus and the mildness of the diarrhoea.

Post-mortem signs of gastro-enteritis were found. It was also proven that the prisoner bought at two different shops arsenical fly paper, which she soaked in water, and it was not disproved that she had put arsenic into some Valentine's meat, which the deceased would have taken had he not been prevented by the nurse. The prisoner was allowed to make a statement—in every way a damning statement—that she had put a *powder* into the meat juice, while it was shown that the arsenic used was in solution. For the defence it was established that the deceased was in the habit of taking arsenic freely and for a number of years, and that on the day of

his last illness he had gone to some races and had got wet, and that these facts explained the occurrence of the gastro-intestinal symptoms and the finding of arsenic in the various organs of his body. Again, it has not been proved that Mrs. Maybrick actually administered any arsenic to her husband, and it was asserted that any purchases of arsenic she had made were for use as a cosmetic. Not only is the British public strongly in favor of the prisoner's reprieve—for the jury found her guilty and the judge concurred in the verdict—but the propriety of carrying out the death sentence is questioned by many of the medical men I have spoken to on the subject. Among the profession it is believed (1) that the symptoms above referred to can be explained only on the theory of poisoning by an irritant poison (probably arsenic), given at intervals in solution, during the six weeks of his last illness; (2) that the deceased did not die from gastro-enteritis alone; (3) but that the proof that the prisoner administered the poison is weak, and she ought to have the benefit of the doubt. In the meantime petitions from "all sorts and conditions of men" and women are pouring in addressed to persons high in power, and there seems little doubt but that she will be reprieved or pardoned. A certain cause of delay in carrying out the sentence, *i.e.*, the fact of her being *enceinte* will also likely tell in her favor.

Not only is there no institution for the treatment of rabies in England, but very little help is extended to Pasteur's Institute in Paris as a sort of compensation for the large number of pauper English patients annually treated there. A foreigner studying insular characteristics might easily conclude that the English mind does not object to, if indeed it does not rather favor, the continuance of rabies in our midst if he were to observe the rapid opposition to the attempts made by the London authorities to have all dogs in the kingdom kept

muzzled. There is a society here, as there is also a society for the propagation of almost every idea, good, bad and indifferent, which has obtained a hold upon half a dozen humane minds, called the "Dog Owners' Protection Association," whose special purpose appears to be to prevent the "dear creatures" from wearing those inconvenient, unartistic and "horrid" things called muzzles.

The transition from the worship of that peculiarly British fetish the "liberty of the subject" to the advocacy of license for the "subject" dog is easy enough. The secretary of the above named society thus delivered himself: "An ill-fitting muzzle (as most muzzles are) is undoubtedly calculated to produce a state of mind and body favorable to the development of rabies." The work of this society for the spreading of hydrophobia and sickly sentiment largely consists in writing letters to the press threatening with the utmost rigors of the law those who use ordinary muzzles, "most of which," etc.

I have just returned from the annual meeting of the British Medical Association, held this year at Leeds. So far as I could judge, there were not nearly as many members present nor were the proceedings quite as interesting as at a previous meeting which I attended at Brighton, but the difference in the outside attractions may easily have made a large difference in the attendance. Many practitioners regard this meeting as their annual holiday, and the opportunities for recreation afforded by the town and neighborhood where the meeting is held must be considered. However, the number and value of the papers read were both very great, and I am sure most men were well repaid by hearing and joining in the discussions which followed them. Dr. Hughlings Jackson's profound and thoughtful address in medicine on the comparative study of diseases of the nervous system was really a tribute to the value of the doctrine of evolution in



attempts to generalize from the long array of facts, grouped and isolated, which we have in the past come to know about the brain and cord, both in its healthy and diseased conditions. Given certain symptoms and signs of disease, what meaning have they in the light of the evolutionary theory? Again, does this doctrine help us to understand better than before the true nature and relation of the phenomena thus recognized? Dr. Jackson thinks it is of invaluable service to us in the higher and difficult study of nervous manifestations, and he deals from the evolutionary standpoint with the numerous questions that arise in the course of his address.

I fancy that it is late in the day to remind the well read and thoughtful physician (using that term in its strictly derivative sense) that the doctrine of evolution has obtained almost universal acceptance among the leaders of our profession, and that none whose opinion is entitled to any weight among us can be found to take up the cudgels upon the other side—that function being reserved “for those who, while looking for truth, ever cast sidelong glances at the safety of their souls”—but its application to the explanation of physical phenomena is something new in a public address. Ten years ago even a respected teacher like Mr. Hughlings Jackson might have found it incumbent upon him to apologize for the introduction of such heretical matters into his essay; as it is, it was certainly good to hear quotations from Spencer, Darwin, Kingdon, Clifford and Huxley, without even a suggested apology.

I suppose you have not only the sweetmeat and stick-of-gum automatic machine, but also the weighing machine, which, for a trifling sum, hands out a certified and dated form giving correct weight; but has the automatic sight tester yet reached your shores? The ametropes deposits the necessary penny in the waiting slit, stares through two apertures corresponding to his two eyes, manipulating the while a

handle which rotates a disk furnished with test types. He then reads off the number which appears below the types which he most plainly sees, preceded by the word “concave” or “convex,” opens a little drawer and takes out—not the spectacles which possibly he expected to get—but an order for a pair of glasses at a rate somewhat higher than they could have been bought at the nearest opticians. The order must be filled in with the number and description of the glasses which the experimenter has just read within the machine, as well as his age and address, and the result will probably be as near satisfaction as he will get outside of a hospital or an oculist’s office.

H.R.H. the Prince of Wales has been suffering from a gouty affection of the leg. He has been obliged to take rest and a visit to Homburg, where he is now undergoing treatment which will probably restore him to his usual health.

C. A. W.

London, Aug. 21st, 1889.

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## Society Proceedings.

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### PROCEEDINGS OF THE CANADIAN MEDICAL ASSOCIATION.

(*From our own Correspondent.*)

BANFF, August 12th, 1889.

The Twenty-Second Annual Meeting of the Canadian Medical Association was called to order by Dr. Ross at 11 a.m.

Dr. Hingston, a past president, was invited to a seat upon the platform.

The following members by invitation were introduced by Dr. Ross:—Drs. Whittaker and Wiggings, of Cincinnati; Drs. Bulkley and Gibney, of New York; Dr. Marcey, of Boston; Dr. P. S. Connor, of Cincinnati; Dr. Gordon, of Quincy, Mass; Prof. Barker, of Philadelphia; Dr. Hannon, of Hoosac Falls; Dr. Lathrop, of Dover, N.H.

Dr. Brett, of Banff, on behalf of the citizens of Banff, presented the following address of welcome:—

*"To the President and Members of the Canadian Medical Association:*

"GENTLEMEN,—We, the members of the Citizens' Committee, representing the community of Banff, on this, the occasion of your assembling here for the purpose of holding the Twenty-Second Annual Meeting of your important Association, desire to express our appreciation of the honor which the gathering of so learned a body implies, and, in the absence of a demonstration worthy of the occasion, beg to tender you, through this unpretentious address, a sincere and cordial welcome to our midst.

"We venture to assert that the selection of this spot for your place of meeting is singularly felicitous, inasmuch as you, as members of an association distinctively national, could find no more appropriate place in which to conduct the important and useful affairs of your Association than at this little town of Banff, the heart of the Canadian National Park.

"We hope that your brief stay here may not be altogether without interest to you; that in the grandeur of the scenery, the extent and diversity of mountain, forest and river, or in the healthful qualities of the springs which abound in these parts, and whose sanative properties are now so well known, you may find something worthy of more than a passing notice; worthy, in fact, of being treasured, when this short visit is over, among the memories which it shall be a pleasure to recall.

"Assuring you of our desire to make your sojourn among us as agreeable as possible.

"We have the honor to be,

"Yours, &c.,

(Signed) { "R. G. BRETT,  
"F. J. BOSWELL,  
"R. B. C. O'DONOGHUE,

"On behalf of the Citizens' Committee."

BANFF, August 12, 1889.

The following gentlemen were next elected permanent members, the President having declared an adjournment of ten minutes to allow the candidates to send in their names and pay the annual fee to the treasurer.

Proposed by Dr. Cameron, and seconded by Dr. Roddick, that the following gentlemen be elected members of the Association:—

Dr. Spencer, Brandon, Manitoba; Dr. J. W. Smith, Galt, Ont.; Dr. G. A. Kennedy, McLeod, N.W.T.; Dr. W. A. Ross, Barrie, Ontario; Dr. H. B. McPherson, North Sydney, Nova Scotia;

Dr. Geo. Riddell, Crystal City, Manitoba; Dr. A. J. Rutledge, Moosomin, Manitoba; Dr. H. L. McInnis, Edmonton, N.W.T.; Dr. D. Young, Selkirk, Manitoba; Dr. G. Fleming, Chatham, Ontario; Dr. W. J. Mitchell, London, Ontario; Dr. Lewis Johnston, Sydney Mines, C.B.; Dr. Samuel Webster, Norval, Ontario; Dr. W. P. Chamberlain, Morrisburg, Ontario; Dr. Alex. Thompson, Strathroy, Ontario; Dr. John J. Farley, Belleville, Ontario; Dr. P. Robertson, St. Andrew, Quebec; Dr. G. Loughhead, Petrolia, Ontario; Dr. C. Selby Haultaine, Maple Creek, N. W. T.; Dr. W. J. Lindsay, Calgary, N. W. T.; Dr. P. Aylin, Calgary, N. W. T.; Dr. Chown, Winnipeg, Manitoba; Dr. O. C. Edwards, Qu'Appelle, N. W. T.; Dr. LeFevre, Vancouver, British Columbia, and also the President and Secretary, *ex officio*.

The Secretary then announced the programme to the meeting, explaining why there were no printed programmes prepared for this meeting.

Dr. Wright then read his inaugural address.

The meeting then adjourned until 8 p. m. for discussion of the amendments to the by-laws.

After a prolonged discussion the by-laws of 1874 were amended as follows:

Dr. Trenholme of Montreal gave the following notice of motion:

"That the nominating committee shall be appointed by and for each province by the members present thereof at the annual meeting."

It was then decided that the by-laws as thus amended above should be brought up for adoption at the next annual meeting.

The meeting then adjourned.

BANFF, August 13th, 1889.

The meeting was called to order at 9.30 a. m., Dr. Wright presiding.

The minutes of the previous meeting were read and confirmed.

Mr. Niblock, Asst. Supt. of the Western Division of the Canadian Pacific Railway, was introduced by the President and addressed the meeting on behalf of the new hospital now being built at Medicine Hat.

Drs. F. W. Campbell and T. A. Rodger, of Montreal, gave information on behalf the committee on reciprocity of registration.

Dr. Campbell expressed the opinion that it would be impossible to secure reciprocity between England and Canada, under existing circumstances.

The committee was continued.

Without dividing into sections, the reading and discussion of papers was then proceeded with.

(1.) The first paper was read by Dr. A. H. Wright, on haematoma of the vagina and vulva.

Discussed by Drs. Jas. Ross, Muir, Marcey, Roddick, Trenholme and Sloan.



Dr. Wright spoke in reply.

(2.) Dr. G. A. Kennedy, of McLeod, N. W. T., next read a paper on the "Climate of South Alberta," with special reference to its advantages to those suffering from pulmonary complaints.

Discussed by Drs. Oldright, McInnis, Praeger, Bentley, Henderson, McLellan and Spencer.

Dr. Whittaker, of Cincinnati, spoke on this subject, dealing chiefly with the origin of tuberculosis.

Dr. Ross reported a case in which he had discovered a gross evidence of tubercular disease in an eight month's foetus which died soon after delivery.

Dr. Kennedy replied.

(3.) Dr. V. P. Gibney apologised for not having his paper with him, but opened a discussion upon the subject upon which he had intended to write: "The Management of Hip Joint Disease." He proposed to call the disease "Tubercular Ostitis" of the hip joint, and recommended absolute immobilization. The American idea of traction with motion had become obsolete. Auxillary crutches with spica plaster bandage including pelvis and calf, or if a splint is desirable a crutch splint from the Perineum.

Discussed by Dr. P. S. Connor, who stated that 93 per cent. of all cases of hip joint disease were tubercular. For treatment he recommended, in early disease, immobilization; in later stages of the disease he recommended arthrectomy, excision or amputation, the essential principle being complete removal of tubercular matter.

Dr. Strange did not favor excision. He considered traumatism a common cause.

Dr. Roddick agreed with the previous speakers and suggested traumatism as a common cause in addition to the ordinary cause, tuberculosis. He believed in extension.

Dr. Oldright related two cases.

Dr. Praeger related a case caused by a blow upon the left hip.

Dr. I. H. Cameron recommended the American plan of treatment; recommended Buck's extension until rigidity of the muscles is overcome, then splints and movement.

Dr. Shepherd drew a distinction between the treatment of hospital cases and those who have the means of resorting to climatic and other hygienic conditions.

Dr. Gibney replied.

The meeting then adjourned till 2.30 p.m., for lunch.

(4) The first paper after lunch was by Dr. Buller upon "Preventible Deafness."

Dr. Reeve spoke upon the desirability of keeping the post-nasal and pharyngeal cavities clean and healthy.

(5) Dr. Grasett read a paper upon "Colles' Fracture," dividing the subject into three sections.

(a) Those in which the fracture is complete.

(b) Where there is great displacement which is hard to reduce.

(c) The form occurring in old people.

This was discussed by Drs. Roddick, Sloan, McLellan, Geikie, I. H. Cameron and Dr. Stockwell.

Dr. Grasett replied.

(6) Dr. Ross read a paper upon "Empyema successfully treated by free incisions."

No discussion.

(7) Dr. James Stewart read a paper upon Sulphonal.

Dr. Whittaker corroborated the remarks of Dr. Stewart in his paper. He considered Sulphonal and Paraldehyde are the greatest hypnotics we have and are harmless.

(8) Dr. Whittaker read a paper upon Varicella.

Discussed by Drs. Geo. Ross and Bulkley.

(9) Dr. Reeve of Toronto read a paper on "The relief of pain in Eye and Ear Affections."

(10) Dr. Shepherd read a paper upon Nephro-Lithomy.

Discussed by Drs. Connor, Dupuis, Ball and Roddick.

(11) Dr. Bulkley read a paper on "The early recognition and treatment of Epithelioma," dealing with the subject from a clinical standpoint. He deprecated the use of mild caustics such as nitrate of silver, and recommended soothing and mildly stimulating applications in early cases and in the more advanced cases either excision, curetting or a cautery, claiming good results from Marsden's Paste which consists of Arsenious Acid and Gum Acacia in equal parts by measurement.

Discussed by Drs. Muir, Dupuis, Chamberlain, Wright of Ottawa, Shepherd, Roddick and Connor.

Dr. Bulkley replied.

The meeting then adjourned until 8.30 p. m.

(12) The meeting was re-opened at 8.30 p.m. by the reading of a paper by Dr. I. H. Cameron, on "Hernia," in which he gave the views of Mr. Lockwood.

Discussed by Drs. Marcey, Gardner and H. P. Wright.

Dr. Cameron replied.

(13) Dr. Praeger narrated several surgical cases.

(14) The President announced that Dr. Jukes had withdrawn his paper on the "Endemic Fever of the Northwest Territories."

(15) Dr. Dupuis was called upon to read his paper, "Some Improvements in Medical and Surgical Instruments." As the hour was late he contented himself with showing and explaining the instruments without reading his paper.

The following papers were then declared read by title, the authors not being present :

(1) Mineral Springs, by Dr. H. P. Small, of Ottawa.

(2) Vertigo, an Eye and Ear Symptom, by Dr. J. W. Stirling, of Montreal.

(3) A common and easily preventible case of retro-displacements, by Dr. A. L. Smith, of Montreal.

(4) "A case of Necrosis following a compound fracture," by Dr. John Campbell, Seaforth, Ont.

Dr. Stewart of Pictou moved, seconded by Dr. Roddick, that the President nominate a committee to confer with the Provincial and Local Societies and approach the Federal and Local Governments with a view of reducing the tariff on surgical instruments. Carried.

Dr. P. S. Conner, on behalf of the American visitors, in a happy manner thanked the association for having invited the American delegates.

Cheers were then given for the American delegates.

The Treasurer's report, audited by Drs. Buller and Lachapelle, was received and adopted by motion.

The Treasurer reports as follows :—

#### TREASURER'S REPORT.

Canadian Medical Association meeting at Banff, August 12th and 13th, 1889.

August 12th and 13th, fees received by

Acting Treasurer from members (82)..... \$164.00

#### LIABILITIES.

Balance due Dr. Sheard, former Treasurer.....	\$29.07
Times Printing Co., Hamilton.....	13.00
Somerville, Benallack & Co., Montreal.....	52.50
Secretary for Post, Stamps, Stationery, &c.....	30.75
Moulton's Theatre Co.....	20.00
Burland Lithograph Co.....	2.75
	<hr/>
	\$121.07
Balance.....	42.93
Reduction in charge for use of Theatre.....	5.00
	<hr/>
	\$47.93

Examined and found correct.

Dr. Stewart, of Pictou, convener, reported on behalf of the Nominating Committee as follows :

(1) Place of meeting : Toronto.

(2) *Officers*.—President, Dr. James Ross, Toronto, Ont.; Secretary, Dr. James Bell, Montreal, Que.; Treasurer, Dr. W. H. B. Aikens, Toronto, Ont. Vice-Presidents—For British Columbia, Dr. D. Eberts, Nanaimo, B.C.; for the North West Territories, Dr. Brett, Banff, N.W.T.; for Manitoba, Dr. R. Spencer, Brandon, Man.; for Ontario, Dr. Bruce Smith, Seaforth, Ont.; for Quebec, Dr. E. P. Lachapelle, Montreal, Que.; for New Brunswick, Dr. Holden,

St. John, N.B.; for Nova Scotia, Dr. L. Johnson, Sydney Mines; for Prince Edward Island, Dr. McLeod, Charlottetown, P.E.I. Local Secretaries—British Columbia, Dr. Fagan, New Westminster, B.C.; N.W.T., Dr. Rutledge, Moosomin, N.W.T.; Manitoba, Dr. H. Higginson, Winnipeg, Man.; Ontario, Dr. J. J. Farlay, Belleville, Ont.; Quebec, Dr. John Elder, Huntingdon, Que.; New Brunswick, Dr. Raymond, Sussex, N.B.; Nova Scotia, Dr. W. S. Muir, Truro, N.S.; P.E. Island, Dr. Warburton, Charlottetown.

The following standing committees were appointed :

(1) *Necrology*.—Drs. Hingston, A. H. Wright and Geo. Ross.

(2) *Medical Education and Literature*.—Drs. Dupuis, Kingston; Dr. Cameron, Toronto; Dr. Mullin, Hamilton.

(3) *Prize Essays*.—Moved by Dr. Bell, seconded by Dr. Stewart (Pictou), that no committee be suggested this year, as there are no prizes offered. Carried.

(4) *Climatology and Epidemic Diseases*.—Drs. Oldright and Bryce, Toronto; Campbell and Lachapelle, Montreal; Parker, Halifax; Jukes, Regina; Robillard, Ottawa; Patterson, Winnipeg; Milne, Victoria; Kennedy, McLeod, N.W.T.

(5) *Ethics*.—The President and President-elect and the eight Vice-Presidents.

*Committee of Arrangements*.—Drs. James Ross, W. E. Geikie, Oldright, Graham, Strange, Grasett, A. H. Wright, O'Reilly and W. H. B. Aikens, Toronto.

*Publication Committee*.—Dr. A. Morrow, Halifax; Dr. James Stewart, Montreal; Dr. Sheard, Toronto.

The report was adopted and the above-named officers and committees declared elected for the ensuing year.

The following resolutions were then proposed, seconded and carried :—

Moved by Dr. Buller, seconded by Dr. Chas. O'Reilly,

"That this Association has great pleasure in conveying to the Canadian Pacific Railway Company its most cordial acknowledgments for the facilities that they have been accorded in coming to Banff, and kind attention they have received from all the employees of the Company with whom they have had to deal, as well as for the superb accommodation and the great enjoyment they have derived from their sojourn in the world-renowned Banff Springs Hotel.

"Taking into consideration the length of the journey, the season of the year, and the unavoidable imperfect information as to the location and numbers of those who formed the main body of the excursion, the arrangement as carried out by the Company have been such as to excite the admiration and grateful recognition



of the Association. The thanks of the Association are specially due to Mr. William Whyte, General Superintendent of the road, for his exceeding kindness in accompanying them from Winnipeg to Banff, and giving his personal supervision in all matters concerning their safety and welfare."

Moved by Dr. Geikie, seconded by Dr. Bruce Smith,

"That the cordial thanks of the Association be and are hereby given to the citizens of Banff, for the kindness and courtesy exhibited towards the Association during the annual meeting just held, and especially for the address of welcome presented by the citizens to the Association at its first session, which contained so many expressions of interest in the Association and of good will towards it."

Moved by Dr. Ross, seconded by Dr. McLellan,

"That this Association hereby tenders to His Honor, Dr. Schultz, Lieutenant-Governor of Manitoba, its grateful thanks for his cordial reception of them at the Government House during their passage through his province. That they rejoice to observe that the press of political duties has not interfered with the continuance of keen interest on the part of His Honor in everything calculated to advance the interests of that profession in which he is so proud to number himself amongst its loyal members."

"That this Association assures Dr. and Mrs. Schultz, that their generous hospitality in Winnipeg has been highly appreciated, and will in retrospect make one of the brightest memories of an ever memorable meeting."

Moved by Dr. Farley, seconded by Dr. Edwards,

"That this Association appreciates and will gratefully remember the Grand Trunk Railway Company for kindly co-operating with the Canadian Pacific Railway in making our trip to Banff a pleasant one."

Moved by Dr. Oldright, seconded by Dr. Lachapelle,

"That the Canadian Medical Association do respectfully submit to the government of the Dominion that it is highly desirable in the public behalf as well as in the interest of medical science, that the profession should be in possession of reliable statistics of the climatic conditions of Banff and other resorts in the North West Territories, as well as of the chemical composition of the soil and waters of the district, in order that we may act with greater confidence in sending patients to these resorts, and that the Association do further memorialize the government to establish a signal station at Banff, with branches at such other points as may be found necessary. A competent person

being appointed to superintend the observation at such station or stations."

Moved by Dr. W. S. Muir, Truro, N.S., seconded by Dr. Shepherd, Montreal,

"That the local provincial secretaries be requested to ascertain the feeling of the medical societies of their respective provinces on the subject of affiliation with the Canadian Medical Association."

A vote of thanks to the medical men of Winnipeg was moved by Dr. W. S. Muir, of Truro, N.S., seconded by Dr. Geikie.

Moved by Dr. Lachapelle, seconded by Dr. Oldright,

"That this Association hereby declares its opinion that it is the duty of all practitioners to loyally comply with the regulations in force in the different provinces, and to report cases of contagious disease to their respective local authorities, so as to enable these authorities to give suitable advice and take such measures as might be required in order to prevent the spreading of contagious diseases and prevent epidemics."

Moved by Dr. Strange seconded by Dr. Henderson,

"That the cordial thanks of the Medical Association be tendered to the Manitoba and other clubs of the city of Winnipeg for the privileges conferred on its members."

Proposed by Dr. Shepherd, seconded by Dr. Lachapelle,

"That the thanks of the Association be conveyed to Mr. Lalonde for his great care and attention and unfailing kindness to the members during the trip from Banff to Montreal."

Moved by Dr. Campbell, seconded by Dr. Proster,

"That the thanks of the meeting are hereby tendered to Dr. Wright, the President, for the impartial and business-like way in which he has conducted the business of the Canadian Medical Association."

Moved by Dr. Campbell, seconded by Dr. Sloan,

"That the thanks of the Association are tendered to Dr. Bell, general secretary, for the able and courteous manner in which he has performed the large amount of work which has of necessity fallen to him in organizing what has been the most remarkable meeting in our history."

The following letter was received from His Honor the Lieutenant-Governor, Dr. Schultz, of Manitoba:—

GOVERNMENT HOUSE, }  
Winnipeg, Man., Aug. 12, 1889. }

MY DEAR SIR.—In answer to the wish expressed by the officers and many of the members of the Association that I would be present at your Banff meeting, I regret to say that I find other duties will, for a time at least, call me in

another direction, though I will make an effort to meet you all somewhere in British Columbia before your return. Kindly allow me to say to the Association through you, how gratified I am personally, and how pleased I know the profession here to be at the choosing of a place in the North-West for the meeting of the Association this year. In my mind Banff is particularly appropriate, for it is one of our national sanitariums. There are questions of medical and other scientific importance which may be better observed and discussed there than almost anywhere else in Canada. You are on a range of mountains memorable with recollections of several great medical men. Dr. and afterwards Sir John Richardson followed their course down our mighty Northern River till their grand heights slowly descended to the flat plain which forms the shore of the Arctic Sea. This worthy companion of the great Arctic voyageur, whose dust is sepulchered in the snows and ice of the Arctic Archipelago, first gave to the world the knowledge of Arctic and Sub-Arctic Flora, and much of their knowledge of the animal life of the great Northern wilds. Dr. Hector gave most valuable information in the same direction, and of the diseases of northern tribes, when with Captain Palliser he explored the Rocky Mountain passes to the south of the one in which your meeting is now being held. Dr. Cheadle, Surgeon to Lord Milton's party, wrote that most interesting and valuable book "The North-West Passage by Land," describing one of the passes to the north of where you now are; and I feel sure that so many men learned in the profession, to which I am proud to belong, when discussing in council, cannot fail to throw light upon many of the questions which will naturally present themselves for solution; such as, for instance, whether the high temperature of these springs is due to the disintegration of the sulphites and sulphates, or is the result of volcanic action; and whether if from either of these causes, the temperature varies, and the proportion of chemical constituents changes from the published analysis. The effect of high altitudes upon the bacilli of phthisis and upon other disease germs, and the effect of large areas of non-absorbable granite rocks upon the life of such bacteria as may be found at these elevations; and I would ask my learned confreres, when the discussion of more scientific questions shall have been completed, to pause, and reflect for a moment, that they are where for economic purposes Canada is widest, and no longer a mere arable strip on the banks of the St. Lawrence, where on the east, and northward from the boundary line, Canada measures thirteen hundred miles of arable and pastoral land, and to the west nearly an equal north and south

width of one of the richest mineral districts in the world.

I am dear sir,  
very faithfully yours,

JOHN SCHULTZ.

The Secretary, Canadian Medical Association,  
Banff, N. W. T.

As the meeting had been concluded, it was decided by the President and Secretary to acknowledge the receipt of the letter and to request the various medical journals to publish it in full in their next issues.

## Progress of Science.

### PRURITUS ANI.

The following is an excellent application in cases of pruritus ani.

R.—Hydgr. chl. mit.	3i
Balsam Peru.	3iss
Carb. acid.	grs. xx
Lanolin.	3i

M. Ft. Ointment.

Sig.—Apply once or twice daily after sponging with hot water. M.—*Progress*.

### HOT WATER IN HÆMATEMESIS.

For the treatment of hæmatemesis, Dr. Flasher (*Algem. med. centr. Zeitung*, No. 55, 1888) considers hot water as the safest and most pleasant remedy. He gives it in successive quantities of one-half to three-fourths of a tumblerful of water as hot as it can be borne. Coagulation of the blood occurs quickly, as shown by the subsequent vomiting of pieces of clot which are discharged without further hæmorrhage.—*Medical Chronicle*.

### DIGITALIS IN THE TREATMENT OF PNEUMONIA.

In this disease digitalis acts on the factor of fever, which in pneumonia is often the most prominent symptom. It also circumscribes the area of disease in the lungs, but the main indications for its use are to be found in the constitutional disturbance. In an uncomplicated case of pneumonia, it should be given whenever the pulse exceeds one hundred, irrespective of the extent of the pulmonary lesion. It should be borne in mind that in fatal cases death supervenes between the eighth and tenth day, and digitalis attains its maximum effect from the seventh to the tenth day. It is therefore necessary to prescribe the drug not later than the third day.—*Cincinnati Lancet Clinic*.



### INTESTINAL OBSTRUCTION.

Mr. A. W. Mayo Robson formulates the following conclusions regarding intestinal obstruction: First, that in chronic cases, that is, where obstruction is the prominent symptom, there being no signs of strangulation, medical treatment may relieve, or, if the obstruction be due to faecal accumulation, may cure; but that in many such cases colotomy, or some other operation, will be so plainly indicated as to leave no doubt concerning what should be done. Secondly, that in cases where acute symptoms supervene on chronic, medical and expectant treatment may at first be wise, but that, if relief do not come rapidly, laparotomy should be performed. Thirdly, that in initially acute cases laparotomy should be performed without loss of time, delay being as dangerous as would be the postponement of kelotomy in strangulated hernia.—*Lancet*, April 20.

### HYPODERMATIC INJECTIONS OF BLOOD IN ANÆMIA.

Westphalen (*Centr. f. Ther.*, No. 5, *News*, June 22,) reports a case of extreme anæmia cured by Ziemssen's method, in a man, æt. 36. The number of red corpuscles was only 840,000 per cubic mil. Tonic treatment had previously been used without result. Five ounces of blood were taken from the median vein of a healthy person, being caught in a vessel and defibrinated by stirring with a glass rod, then strained through gauze to remove the larger particles of fibrine, and then injected under the skin of the thighs, 6 or 7 drachms at each puncture. The limbs were then vigorously rubbed and manipulated in the direction of the lymphatic stream. Nothing unpleasant occurred. The pulse fell in 24 hours from 100 to 80. Eight days later the blood contained 1,240,000 red corpuscles in a cubic mil. In one month he was well.

### DIAGNOSIS OF BRAIN CYSTS.

Professor Edmond Souchon, of New Orleans, has suggested that in cases in which the diagnosis of cyst or abscess of the brain is doubtful, the brain may be explored with a fine aspirating needle introduced through a small hole made in the skull with a watchmaker's drill, furnished with a gauge and screw so adjusted as to prevent the "bit" from penetrating too deeply after working through the bone. He has performed the operation several times on dogs, and these animals, after recovering from the chloroform, did not seem to have been in any way affected by the operation, and remained afterwards in perfect health. In an animal killed before recovering from the chloroform there were seen only small extravasations under the

scalp and under the pia mater. Professor Souchon thinks that the "bit" used should be large enough to make a hole in the skull to admit a needle twice the size of an ordinary hypodermic needle.—*British Med. Jour.*

### THE ETIOLOGY OF EXOPHTHALMIC GOITRE.

In reference to this vexed question, we have, as it seems, at least one certain fact that points to a solution of the mystery. Dr. White found in a post-mortem examination numerous hæmorrhages close under the floor of the fourth ventricle, near the nucleus of the sixth nerve, and extending outward to the inner part of the restiform bodies.

Though this is but a single case, yet, occupying this location, these lesions are sufficient to account for the peculiar, threefold symptom-complex. The disease, it is true, was of long duration and the hæmorrhages of recent date, but Dr. White believes that the molecular and microscopical changes of the fourth ventricle, that had undoubtedly preceded, were the true cause of the later hæmorrhages and of the exophthalmic goitre.—*Brit. Med. Jour.*

### THE LOCAL ACTION OF HYDRASTIS CANADENSIS.

Felsenberg (*Weiner Med. Blatter*) writes a laudatory notice of this drug, as regards its influence upon the blood vessels of mucous membranes in gynecological cases, and in diseases of the mouth, nose, and similar parts, where there is congestion. Felsenberg, after giving the credit to American physicians of having introduced the drug, then goes on to tell us that it has been found to be not only an astringent, but, in addition, to possess local anæsthetic properties. In relation to his own experience with the drug, he mentions his success in the treatment of chronic pharyngitis combined with enlargement of the tonsils. In every instance he painted the fluid extract over the diseased mucous membrane, thoroughly covering all portions that were inflamed. The application was not found to be exceedingly disagreeable, and was very effective. Exceedingly good results were also reached by local application in chronic inflammation of the vagina.—*Medical Standard*.

### SULPHONAL IN NIGHT SWEATS.

In addition to the hypnotic properties enjoyed by sulphonal, this drug is capable, according to Dr. Bottrich, of Hagen, Westphalia, of exercising a most beneficial influence in night sweats. It acts, he thinks, very similar to atropine, but, unlike it, is quite free from any undesirable effects. He found this property out by accident, having prescribed a quarter of a

gramme (nearly four grains) for an old woman of eighty as a sleeping powder. The patient had been suffering from the most profuse night sweats, obliging her to change her things twice during the same night. After the first dose she asked the doctor whether he had not put something into the powder to prevent the sweats. On making further observations Dr. Bottrich convinced himself that as a rule half a gramme (seven grains and a half) of sulphonal will stop night sweats. Its effects seem fortunately to be somewhat permanent, as even after the drug has been stopped the night sweats are found to be much less severe than they were previously to taking it.—*Lancet*, April 27, 1889.

#### A NEW METHOD OF ADMINISTERING COD LIVER OIL.

The method of Lafaki of administering this disagreeable drug is mentioned in the *Lyon Medical*. If equal parts of the oil and lime water be mixed, a milky liquid is obtained, inodorous and of a syrupy consistence, which may be flavored as desired, for instance with essence of citron or vanilla.

The oil saponified in that way is said to be very agreeable to the taste, does not adhere to the walls of the buccal cavity, nor leave that nauseating after-taste which often prevents patients from retaining it even after it has been swallowed.

And in other ways the saponified oil presents advantages rendering it far preferable to the much vaunted emulsions of to-day. The saponification, instead of becoming altered with time, preserves, on the contrary, its homogeneity and lactescence; it is easily assimilable by weak stomachs; it may be administered even during a diarrhoea; and it is a preparation easily and quickly made and at a price placing it within the reach of all—a consideration of no small importance when it is remembered that this treatment is generally one of long continuance.

#### SALICYLIC ACID IN CHRONIC TUBERCULOUS JOINT DISEASE.

Dr. Robert W. Sorett, in an interesting article on the above in the *Bost. Med. and Surg. Jour.*, after citing a number of cases, gives the following as his conclusion in the matter:

That salicylic acid in large doses is useful as an aid to the mechanical treatment of chronic tuberculous joint disease, not in routine conditions, but—

- (1) When night cries are present.
- (2) When the diseased joint is very painful and sensitive to jar.
- (3) When vomiting and general discomfort are associated with an increase in the local disease.

That relief from pain, and diminished sensi-

tiveness follow at once, as quickly as in acute articular rheumatism, and that the drug should be given in as large doses as for that affection until the pain is relieved or the physiological effect is produced.

The writer calls attention to the fact that mechanical means were constantly used while the drug was exhibited, but that such mechanical means had failed to relieve the pains in connection with the disease.

#### NATURE AND TREATMENT OF RACHITIS.

In a discussion of the above subject before the British Medical Association, Dr. W. B. Cheadle formulated the following conclusions:

1. It is primarily a diet disease which can be caused at will by rachitic diet just as certainly as scurvy can be produced by a scorbutic diet, and which can be cured as certainly by anti-rachitic diet as scurvy by anti-scorbutic diet.
2. That the chief defect in diet which causes rickets is want of animal fat.
3. With this, probably, also deficiency of the earthy salts in form of phosphates.
4. A deficiency of animal proteid in conjunction with the preceding intensifies the condition.
5. The rachitic state is accentuated by evil external hygienic conditions, such as foul air and want of light, although these are not essential to its production.
6. Rickets is modified in character by the concurrent existence of congenital syphilis and of scurvy.
7. That the treatment is primarily and chiefly dietetic and that drugs are of minor import, though lime and lime salts, warm clothing, fresh air and sunlight, in conjunction with proper diet, may do good service.—*British Medical Journal*.

#### LOCAL TREATMENT OF DIPHTHERIA WITH SALICYLIC ACID.

Dr. A. d'Espine, in a paper upon the subject, concluded as follows:—

1. From the experiments made it is safe to say that salicylic acid, in dilutions of one to two thousand, is an excellent parasiticide of the bacillus of diphtheria.
  2. Its entire harmlessness in such doses permits its being used without fear, which cannot be said of carbolic acid or sublimate.
- Irrigations of salicylic acid should also be used as a prophylactic remedy in diphtheria, in all simple throat affections, which in time of an epidemic might be the means of receiving the bacillus of Löffler.

This treatment should be especially applied to all scarlatinal sore throats which, owing to



the streptococcus of Heubner, might easily become the seat of narcotic pharyngitis or true diphtheria.

The author only claims originality for the large quantities of liquid used in the irrigations, which are repeated hourly until an improvement in the existing conditions is observed. It is evident that salicylic acid cannot prevent any accidents which are the outcome of an enfeebled constitution; hence the necessity of an early diagnosis of diphtheria becomes the more apparent.—*Med. News.*

### IMPROVED TREATMENT FOR TINEA TONSURANS.

The *Med. Rec.*, June 1, gives the principles of Dr. Harrison's treatment of this affection as presented by him in the *Brit. Med. Jour.*

He uses two sets of agents—first, a solvent, by the action of which the fungus is exposed in its hiding places in the cuticle and hair-follicles; and, second, a parasiticide to come in contact with and destroy the fungus.

For the first, he recommends a solution of liquor potasse, spts. wine and iodide of potassium; for the second, a solution of mercuric chloride in spirits of wine and water.

After the application of the first solution the softening action of the alkali allows the iodide to soak into the parts, afterward combining with the mercuric solution, forming in the tissues about the fungus a very excellent parasiticide, the bin-iodide of potassium.

He finds that ointments are better, however, because of the fact that they are more readily applicable, and are longer retained in contact with affected parts.

The ointment is composed of the following ingredients: Caustic potash, gr. ix., carbolic acid, gr. xxiv., lanolin and oil cocoa nut, each ʒss. M. Rub well together and add some essential oil if desired.

To be applied night and morning.

### HYPODERMIC INJECTIONS OF ERGOT IN FACIAL NEURALGIA.

For the relief of facial neuralgia hypodermic injections of ergot are incomparably superior to aconite or gelsemium. Any one who has used it will never resort to either of the above named remedies. I have used it the last six years and have never had it fail in but one case. In that case there was evidently organic disease. Ordinarily one injection relieves the pain permanently. Sometimes two, and in one very severe and obstinate case which had gone through the hands of several physicians without relief, it required three. After the third injection he never had a twinge of pain. I put it in the temple, as nearly over the seat of pain as

convenient. I use the plain extract, and have it made on purpose for hypodermic use. One minim represents two grains of ergot. Of this I use from eight to twelve minims blood-warm, at one injection, and without diluting. In order to make this a success, two things are essential. One is, to have a fresh and pure article of ergot to make the extract from, and the other is, to have the extract reasonably fresh. If kept long, it is not only worthless, but irritating. When properly prepared and fresh, it produces more or less pain for ten or fifteen minutes, and when the pain from the injection subsides the neuralgia is usually gone, and does not return.

I have used this treatment for sciatica and other forms of neuralgia, but not with very satisfactory results.—Dr. Stewart in *Peoria Med. Mo.*

### CONTAGIOUSNESS OF PNEUMONIA.

Netler, *Arch. Gén. de Méd. Boston Med. and Surg. Jour.*, has a long article reviewing the epidemics of pneumonia which have been recorded, and adds a few other instances which have come within his own experience. His most important conclusions are as follows:—

1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc.
2. The pneumococci are not destroyed by desiccation, and are diffusible through the air, but not to great distances, at most the interval between three hospital beds. They maintain their virulence for a period which has not yet been definitely determined, but probably never more than three years.
3. Contagion is possible during the entire course of the disease and even after recovery.
4. The period of incubation averages from five to seven days, but may vary between one and twenty.
5. Patients who have passed through a pneumonia are dangerous both to themselves and their neighbors as living micrococci may be found in their saliva many years after. Thence in part the epidemic appearance of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it.
6. Rigid quarantine of the patients seems unnecessary, but other patients and healthy persons should not be brought into too intimate relations with them. The sick-room must be kept well ventilated and clean, the sputum disinfected, and the cocci lurking in the mouth destroyed so far as possible.

### ANOTHER TEST OF LIVE-BIRTH IN INFANTS.

Dr. Nitkin of Moscow, lately read a paper on this subject, giving his experience of the test, *Am. Jour. Med. Sciences*, as derived from post-

*mortem* examinations of one hundred and twenty-four new-born children in Moscow. His conclusions are as follows:—(1) The gastro-intestinal test not only supports the lung test but it is even able in some cases, in which the lung test is negative, to afford evidence by itself of live-birth. (2) If in the fresh corpse of a new-born child, the stomach, and especially if also the intestines contain air, and float in water, it may with certainty be concluded that the child survived birth; provided air was not artificially introduced into the stomach, as by inflation. (3) If the body is well advanced in putrefaction, the gastro-intestinal test is less reliable than the lung test; but if the body is only moderately putrefied, the former test is as trustworthy as the latter. (4) A negative result from the gastro-intestinal test is not proof of the child having been stillborn, no more than is a negative result from the lung test; but if such a result is obtained from the application of *both* tests in fresh, but especially in putrid bodies, then it may be inferred that the child was stillborn, unless in rare cases in which signs exist of sudden death by violence applied immediately after birth. (5) If the stomach and a portion of the intestines are well filled with air and the corpse is fresh, it may certainly be concluded that the child did not die immediately after birth—excepting always cases of artificial inflation. (6) The first bubbles of air reach the new-born child's stomach by swallowing. (7) The possibility of “atelectasis secundaria neonatorum”—that is, of the complete disappearance of air from the lungs of a new-born child—is highly probable.

#### TREATMENT OF DIABETES.

At the last meeting of the Academy of Medicine of Paris, M. Dujardin resumed the discussion commenced by M. Worms in the previous meeting, and criticised the assertions of the latter. For him glycosuria is only a symptom, while diabetes is a veritable malady, of which there was three forms, the benign, the chronic and the grave. In the treatment milk should be absolutely forbidden; a small amount of potatoes may be allowed, and antipyrin, sulphate of quinine, bromide of potassium, &c., be prescribed, together with physical exercise. Such treatment will not radically cure the patient, but will put him in a condition to strive with advantage against the enervation and prostration so often witnessed in that disease. M. Sée said that in order to treat properly diabetes, a proper conception of the malady is necessary, and he did not believe that the pathology was well understood as yet. All the ideas emitted on the subject up to the present were more or less open to criticism, and several medical societies were actually engaged in discussing the cause of this affection. As for him, he had

made a special study of the question for several years, and through his researches he found that urine in a normal state contained sugar, although in very infinite quantities. In order that a healthy person should show any appreciable quantity of sugar in the urine, he should have taken at least half a pound, whereas in diabetic persons the smallest quantity of sugar ingested is found. The origin consequently of diabetes is to be found in the circulation of the liver exaggerated by the vaso-motor system of the organ, which system is influenced by an irritation of the floor of the cerebellum and of almost all the nervous centres.—*Med. Press.*

#### A HINT FOR FACILITATING THE MICROSCOPICAL EXAMINATION OF URINE.

When attempting to examine urine under the microscope for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused both by urates and also, when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates and keeps the urine from fermenting, and at the same time exercises no destructive effects upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing 12 parts of powdered borax in 100 parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing a small deposit crystallises out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to it and agitated with it. The urine will be found to become clear in a short time—*i.e.*, if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and to make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exist, is not coagulated. The organic elements—as epithelial cells, casts, blood corpuscles, etc.—collect so quickly, without undergoing any morphological change at the bottom of the glass, that the first drop taken up by the pipette usually proves a satisfactory specimen.—*Lancet.*



## THE DISAPPEARANCE OF CARDIAC MURMURS.

Dr. M. A. Boyd, of Dublin, at a recent meeting of the Royal Academy of Medicine in Ireland, read a paper on the disappearance of cardiac murmurs which have existed sufficiently long, and have led to such changes in the cardiac walls as to be considered organic in character. Such disappearing murmurs are generally consecutive to acute rheumatic endocarditis; cases also occur of chronic endocardial changes which ultimately leave the heart free from all traces of disease. Dr. Boyd gave three instances of cases under his own observation—one the murmur of mitral regurgitation, with consecutive changes in the left ventricle and auricle, which existed for two years, and ultimately disappeared, as did the hypertrophy associated with it; and two others of aortic regurgitation existing for a considerable period, which finally got quite well also. In both these latter cases the existence of hypertrophy and dilatation of the ventricle might be taken as sufficient evidence that they were of a permanent nature, as also the length of time they continued after the primary endocarditis. A well-established constrictive murmur, in his opinion, never gets well; it may disappear or cease to be heard, owing to failure or weakness of the cardiac walls, or to excessive dilatation of either of these or the aorta, but the symptoms associated with it remain, and *post-mortem* evidence shows no cure. Plastic material deposited on or in valves, may ultimately get absorbed when it only interferes with their adaptation, but when deposited around the margin of an orifice it must ultimately, by its contraction, cause obstruction. Such absorption is most likely to take place in young subjects, owing to the rapid metabolic changes which occur in their tissues and to compensation being more easily established; and is more frequent where the valvulitis is rheumatic than where it is the result of alcoholism, gout, or contracted kidney.—*Med. Press.*

## "BALLOONING" OF THE RECTUM.

Attention has been called by Mr. Thomas Bryant, in the *Lancet* for January 5, 1889, to a condition of the rectum, which he believes always to exist in conjunction with certain forms of stricture of that organ. This condition he terms "ballooning" of the rectum. When a stricture is quite low down, and within easy reach of the surgeon's finger, this symptom does not exist, although its counterpart—a patulous condition of the anus—may possibly be present. When the stricture is higher up, and beyond reach of the surgeon's touch, the ballooning of the rectum is often present, and when so becomes a symptom of great value. The rectum in its normal condition is a collapsed

tube, and when the finger is introduced the walls are found in contact, and have to be separated by the finger for examination. On the other hand, when a stricture of the rectum exists, this does not hold, for often when the finger has passed the sphincters it enters a cavity, the walls of which are expanded or "ballooned." In this cavity the surgeon will be able to move his finger freely, and its walls will only be felt when searched for. The extent of ballooning will vary with every case.

When this condition is found the surgeon will be justified in more than suspecting the presence of a stricture, for he has never found this ballooning of the rectum under other conditions than those of stricture. In cases of obstruction complicated with symptoms which suggest the possibility of a stricture being their cause, ballooning of the bowel becomes, therefore, a symptom of importance, and one which should materially help toward confirming a diagnosis of stricture. Mr. Bryant believes that the described condition of the lower bowel is due, primarily, to the atrophy of its muscular coats, brought about by the arrest of all peristaltic action from above the seat of stricture; and, secondarily, to distention of the atrophied bowel by retained flatus. In stricture of its upper segments this state of the rectum is analogous to patulous anus and incontinence of feces in stricture of the lower segments. It is not met with in all cases of stricture, and particularly in those of rapid formation, but is present, as a rule, however, in examples of chronic stricture, and should be looked upon as a characteristic symptom.

## INGUINAL VERSUS LUMBAR COLOTOMY.

Mr. Harrison Cripps records thirty-seven colotomy operations which he has performed with a mortality of only slightly more than five per cent. Of these operations fifteen were performed in the lumbar regions and twenty-two in the inguinal. Fourteen of the cases of lumbar colotomy were performed for carcinoma, and all of these recovered; the fifteenth case was thus treated for fibrous occlusion, and died of exhaustion on the fifth day. During the past eighteen months he has entirely discarded the lumbar in favor of the inguinal method.

Of the twenty-two cases in which the colon was reached by the latter route, twenty-one were done for rectal cancer, and all but one recovered.

Mr. Cripps' objections to lumbar colotomy are: First, the space in which the operator has to work between the last rib and the crest of the ilium is often very limited, so that to a very great extent he is at the mercy of the anatomical accuracy of the course of the bowel, and even a slight deviation involves a difficult operation;

second, it is not always easy to identify the bowel when reached in the limited wound space, and the longitudinal bands are sometimes impossible of recognition, from which cause numerous instances are upon record where the small intestine, the duodenum, and even the stomach, have been opened by mistake; thirdly, in a fat or muscular person, owing to the depth of the bowel and its want of mobility, there is a difficulty in fixing it to the skin without undue tension; fourthly, and altogether his gravest objection, is that if the colon happens to take an anomalous course, avoiding entirely the lumbar region, the attempted operation entirely fails, as has been observed by the author several times in the hands of other surgeons; and lastly, the posterior position of the wound is inconvenient to the patient for purposes of cleanliness, and to the surgeon in adjusting pads.

In inguinal colotomy, on the other hand, the wound space in front is practically unlimited, and thus allows of a thorough exploration of the part by a clean incision, without the least damaging of the tissues. There can arise no possibility of confounding other tissues for the colon, which, by its clearly marked longitudinal bands, its convoluted surface, and its epiploic appendages, admits of absolute recognition; and, owing to the mobility of the sigmoid flexure and the ease with which the skin can be depressed, there can never arise much difficulty in fixing the bowel in the wound without undue tension on the stitches. Again, abnormalities in the shape or situation of the colon do not, by this method, mean failure of the operation, for it can be searched for and reached at any part of the abdomen. Besides meeting the chief objections which can be raised to the lumbar operation, the inguinal method has, in certain instances, advantages entirely its own. This consists in being able to verify the diagnosis in obscure cases before the bowel is laid open. For instance, rectal examination has thrown no light upon the site of lesion. In such a case the surgeon would hesitate to perform lumbar colotomy, not knowing but that the obstruction might exist above the artificial opening so made; but a mistake of this kind could not occur if the operation were done in the groin, for the bowel would be made subject to direct examination and the diagnosis confirmed before it was laid open.

It has not been the writer's experience that the inguinal method is unsuited to urgent cases, or that it is more often followed by subsequent tendency to prolapsus. He recommends that, if the symptoms are not urgent, the bowel be simply stitched in the wound until it has become sealed off from the peritoneal cavity, when it can possibly be opened with greater safety, but has observed no bad results from immediately

opening it with due caution to prevent peritoneal infection.

Mr. Cripps has added to his article a record of his thirty-seven cases in tabular form, a study of which will well repay any who may be interested in the subject.—*British Medical Journal*.

### RECENT VIEWS ON GOUT.

At the recent Congress of Physicians held in Wiesbaden Professor Ebstein of Göttingen, and Dr. Pfeiffer of Wiesbaden, contributed two papers of considerable length on "Gout: its Nature and Treatment." Professor Ebstein divides gout into two great classes—1st. Those of joint affections. 2nd. Those affecting the kidneys. The first form is the typical form of gout, where the joints and their surroundings became affected by the morbid process. The attack usually comes on by night, and the favored seasons of its approach are the spring time and the end of the autumn season. After localising it in the great toe, he said accumulations of gouty matter were to be observed in young people afflicted with this disease. These enlargements are closely connected with the uric acid found in gout. Ebstein is opposed to the opinion held by Garrod on these enlargements, that they are caused by an excess of uric acid in the blood, which in the form of the sodic salt, becomes deposited in the tissues of the joint, and by this gradual accumulation and final irritation produces the gouty inflammation commonly accompanying this affection. He holds this deposit of the urate of soda to be the result of the inflammation, and not the cause, as Garrod believes it to be. He next referred to the effect of gout on the nerve system, through which he considers the heart and the blood-vessels become affected. He is quite satisfied that gout was hereditary in families, but it did not confine itself to the indolent and high fed, but rather afflicted the active and moderate liver and the industrious class. In females the attacks are not so intense as in males. Men suffering from gouty affections may reach a good old age, though the diathesis is fraught with much danger to life.

Pfeiffer, who followed with a paper on treatment, holds the view that uric acid is diffused through the fluid tissues of the body in a very insoluble form, which soon becomes deposited throughout the body, or is localised in the form of swellings. The earliest effects are the retention of the uric acid, which rapidly accumulates in the system until every organ becomes more or less affected, or if it happens to expend its force on a single organ, death may be the result. The first indication, therefore, in the treatment would be the excretion of a proper amount of urea and uric acid in the urine, since the retention of this product soon produces a low



cachectic condition of the system. After this the administration of a salt that will convert the insoluble substance into a soluble substance allowing of rapid elimination, soon relieves the pain and reduces the swelling. The first important step is to correct the diet. This should consist largely of albuminous matter, as beef, eggs, &c., as well as fat and green vegetables; but fermented drinks, starch and sugar should be forbidden. The use of a meat diet is very important, as the retention of the urea and uric acid quickly produces a cachectic condition of the system which must be early combated in the treatment, but the meat diet does more than supply this necessity, for the salts of the meat when taken into the system have a solvent influence that speedily raises the elimination of urea and uric acid to even more than the normal quantity. The same may be said of all proteid substances, and more particularly of eggs. Sour milk and cheese should be avoided, but fruit and salads are beneficial, as they alkalise the alimentary canal, while wine and beer have the opposite effect, and should be strictly prohibited.

The medicinal treatment should consist in the administration of some alkaline salt, and the carbon salts seem to be the best, though phosphoric acid and boracic acid have, in some cases, proved beneficial. Hydrochloric acid and sulphuric acid are objectionable. All alkaline and mineral waters should be given in small doses to begin with, and gradually increased. The mineral water of Fachingen is the most efficacious, although those of Kaiser Friedrichquelle of Offenbach are to be commended. Dr. Pfeiffer knows of nothing that could surpass the mineral baths of Wiesbaden in the treatment of gout. One week with the thermal bath of 28° Reamur daily will restore to health the most gouty patient, and a prolongation of the treatment will soon dissolve any old chronic swellings that might happen to be present. In very rapid and acute cases he thinks the best good can be obtained by the free use of the salicylate of soda.—*Medical Press.*

#### TREATMENT OF PUERPERAL ENDO-METRITIS.

With the increase of knowledge concerning the nature and etiology of puerperal septic processes, and the methods of preventing infection, there has been a corresponding decrease in the percentage of cases of puerperal sepsis. This is especially true in well conducted hospitals. Whereas formerly the mortality from septic processes varied in maternity hospitals from three to twenty or more per cent., now, through the beneficent influence of antiseptic midwifery, the mortality from this cause is perhaps less than one per cent. And what is almost equally important, the percentage of morbidity has correspondingly decreased. Still, with the best of

care, cases of sepsis do occur, and the practitioner must then face the problems of treatment rather than those of prophylaxis. Removal of particles of secdines, clots, and septic discharges, with the finger and disinfectant douche, together with the use of iodoform locally, and the administration of proper food and constitutional remedies are usually sufficient to arrest promptly the septic process and bring about a cure—especially in the hands of careful men who institute treatment early. But when cases are seen late and marked septic endometritis is present, or when the latter is present in spite of early treatment, the methods of treatment already mentioned are often ineffectual; salpingitis and peritonitis, or cellulitis and true pelvic abscess, or grave constitutional infection frequently follows, resulting in death, or more or less complete invalidism.

When septic endometritis occurs, the process of involution is arrested. The fatty metamorphosis in the layer of the decidua which remains attached to the uterus after labor is changed into a condition of necrosis. This layer of detritus and pus cells forms a favorable nidus for the multiplication of such microorganisms as have gained access to the cavity of the uterus, and thus favors infection of the muscularis and contiguous structures; in addition, the absorption of ptomaines, which result from the putrefaction of this material, causes grave constitutional poisoning. When the process has advanced so far as this, many obstetricians question the advisability of trusting to irrigation to remove this detritus, and assert, with apparent justice, that the irrigation removes only such matter as is free in the cavity of the uterus. They advocate, instead of repeated and continued douches, the thorough scraping of the uterus with the dull curette, whereby the necrosed decidua is thoroughly removed; and they declare that when the use of the curette is followed by a thorough irrigation, the cavity of the uterus is left in a relatively septic condition, and thus course of the disease is much shortened and the necessity for repeated douching avoided.

Among others, Dr. Grandin, of New York, has recently advocated this method of treatment in a communication in the *New York Medical Journal*, Feby., 16, 1889. He states that as soon as fetor of the lochia appears he proceeds to find out its source. He considers that a thorough vaginal douche of boiled water or of some antiseptic solution will cause this fetor to disappear, if it be due to decomposition of the lochia or a clot in the vagina. Should the fetor reappear after the lapse of a few hours, an intra-uterine douche is administered, as the cause may be the retention *in utero* of a clot or of loosened *débris*. If, notwithstanding this douche, the fetor reappears Dr. Grandin believes that the time for active treatment has

come. The position of the uterus is determined by bi-manual examination, the patient is put in Sims's position, a tenaculum is hooked into the anterior lip of the cervix to steady the uterus, and a properly curved curette is inserted into the uterine cavity. Then the entire endometrium is thoroughly scraped. In this way Dr. Grandin says that he has literally removed handfuls of degenerated *débris*. When the curetting is done the patient is turned on her back and the uterus thoroughly washed out. Dr. Grandin asserts further that in his experience it has never been necessary to repeat the curetting, and rarely has an additional douching been called for. He moreover affirms that in certain aggravated cases of septic endometritis which he has seen, in which the fever was intense, the pulse rapid, and the aspect bad, there has been such a marked improvement within twenty-four hours after the removal of the putrid products that it was difficult to realize that he was dealing with the same patient.

There are fashions in medicine as well as in dress, and just now it is becoming the fashion to advocate the use of the curette in cases of septic endometritis after labor. The method of treatment outlined in the first part of this article has been thoroughly tested, and when it has been instituted early the result usually has been good. Hence we believe that the cases are exceptional in which the use of the curette is necessary—those in which the usual treatment has proved ineffectual, and those seen late. In these proper cases, we believe that the use of the curette is clearly indicated, and that it will yield prompt results, especially when the exploring finger is also employed to determine that the uterine cavity is thoroughly emptied. An indication for the utmost care is the co-existence of parametritis, salpingitis or peritonitis; and interference is positively contra-indicated unless it be certain that a centre of infection is located within the cavity of the uterus.—*Med. and Surg. Reporter*.

### ITCHING OF JAUNDICE

Dr. Goodhart has used pilocarpine successfully in relieving the itching of jaundice in six cases, with not a single failure. One patient had one-third of a grain injected many times, and always with this result, that during the first twenty-four hours he was quite free; the second he was fairly free and the third he was considerably troubled again, and the dose had to be repeated. When we consider that there is really nothing that can be relied upon to relieve this distressing symptom of jaundice, Dr. Goodhart's plan may prove of service. *Br. Med. Jour.*

## THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, SEPTEMBER, 1889.

## THE BROWN-SEQUARD INJECTIONS.

As we predicted in our last issue, we would not have very long to wait before the profession would know exactly what this new method of treatment was worth; a great many competent observers have been experimenting, and the conclusion which they have unanimously come to is that the injection of a very small quantity of spermatie fluid under the skin, so that it may be absorbed, will act as a prompt and pleasant stimulant. But its effects are only temporary and transitory, and the wild hope that was at first held out that it was an Elixir of Life which would enable mortal man to defy Death has been dashed to the ground. Brown-Sequard's discovery, however, is not without value, for it teaches the moral that if we would possess the vital fluid in our old age we must not recklessly squander it in our youth. But, as we stated in a former article, even this has long been known.

### PREVENTION OF CONSUMPTION.

As our readers are aware, we have for some time supported the view that consumption was contagious, and every day observations are being made which render



this opinion more and more tenable. The authorities of the German army have adopted it, orders having been issued to remove from the service any soldier presenting the slightest symptoms of the disease. Another enlightened body, the New York Board of Health, has also issued regulations for preventing the spread of the disease through the infection of houses. We have at present a case of phthisis in a young woman whose family history is almost perfect, and whose health was up to the average until she moved into a house saturated with tubercle bacilli, the former tenant having succumbed to the disease, expectorating all over the house. Had this tenement been disinfected according to the rules of the New York Board of Health, the patient referred to would probably have been well to-day, instead of being in mortal conflict with a fell disease. The principal measures of prevention should be directed toward destruction of the sputa, for microscopical examination shows them to contain myriads of infective germs. For this purpose a very useful little article has been sent to us by Messrs. Lyman & Sons, of Montreal. It consists of a neat tin box with handle, into which fits a stiff paper box. A number of cut sheets are supplied with it at a trifling cost, so that when soiled they may be thrown in the fire. Among the poor a small wooden box half filled with sawdust, into which a little coal tar has been thrown, provides a cheap cuspidore or spittoon the contents of which can also be burned twice a day, and which can be filled with clean sawdust. For disinfecting the patient himself we have tried creasote internally and by inhalation with the results that the septic symptoms such as hectic and nausea were markedly diminished. But we have found that saturating the room of the patient with the vapor of boiling coal tar to be even more effective in this respect, all that is required being to suspend a tin pan filled with tar by wires from the ceiling at a sufficient height to be

just over the ordinary coal oil lamp. These two precautions are so simple that we would urge upon our readers who have cases of phthisis to treat to give them a trial.

#### TREATMENT OF WHOOPING COUGH.

An unusually widespread epidemic of whooping cough has been lately visiting this part of the country, and, from conversation with a number of practitioners, the disease seems very intractable. During our six months' residence at the East London Children's Hospital, under Dr. Eustace Smith, the routine treatment was to put the patient as rapidly as possible under the influence of belladonna, beginning with five or ten drops of the tincture and increasing the dose until the pupils were thoroughly dilated, when somewhat smaller doses were sufficient to keep the patient under it. Of course the same drug in the form of atropine is more scientific and more suitable. In using belladonna on children, it must be remembered that they tolerate comparatively much larger doses than adults. During late years, and in this country at least, quinine seems to have become the favorite remedy. It seems to us particularly suitable for children who are old enough to tell us when the full measure of its physiological action has been reached. In such cases and in adults a grain may be given every hour or two until ringing in the ears sets in, when it is advisable to reduce the dose. We have been assured by leading practitioners of the city that the quinine treatment is exceedingly satisfactory, cutting the disease short, in some cases, at the end of a week or two. In infants it does not seem to work so satisfactorily, possibly because enough of it is not given. Those who are most in favor of the quinine treatment, and have had much experience with it, say that it is essential that it be given in an acidulated solution, without any syrup, the idea being that it is the local germicide action of the drug upon the fungi on the rima glottis which are now

known to be the cause of the disease which is effectual. There is one other and very modern treatment, namely, that by antipyrin, which is highly praised by some. We have also tried it, but in our opinion it is rather a palliative measure. It is claimed for it that it diminishes the reflex irritability of the pneumogastric, but in our experience it, at the same, time seriously weakens the heart's action.

Jacobi, in the archives of Pediatrics, for July, 1889, states, after a very large experience with all three of these remedies: "Of all medicines advised against whooping cough, I prize belladonna most highly." This is quite in accord with our experience, but in order to obtain the good results of the drug it is necessary to push it to constitutional symptoms, one of the first of which is the flushing of the skin. The action of the medicine should be kept up to this point at least, and even as far as slight dilatation of the pupils, although the latter stage is not essential. "As a rule," Jacobi says, "far too small a dose of belladonna is given." For our part, we prefer the use of the alkaloid on general principles, for the same reason that we prefer liq. morph. and liquor strychniæ to tinct. of opium and tinct. of nux vomica. We have for the past two months had ample opportunities for trying their respective merits, on the persons of our own three children, aged respectively one, two and a half and four years. To the youngest a quarter of a drop of liquor atropiæ ( $\frac{1}{450}$  of a grain) was administered every three hours with marked benefit, reducing the number of paroxysms to three or four a day during the acme of the disease, although he had previously taken for a whole week, without much benefit, one grain of quinine every two or three hours. This, apparently, kept his ears ringing nearly all the time, as he would frequently strike his ears with his hands. The actual quantity of quinine taken was forty-eight grains. Antipyrin was also tried for two nights on this infant, five grains per night

in two doses. It caused marked diminution in the number of paroxysms but left the child very exhausted next day. The atropine seemed to have no bad effects whatever, but rather to act as a tonic.

Another therapeutic measure which has been highly praised is the disinfection of the air passages by saturating the atmosphere of the sleeping-room with the vapor of cresoline or among the poor with coal tar, which is evaporated by being suspended over a coal oil lamp, in a shallow tin pan. In several cases this has seemed to be of considerable value, but to render it effective the air of the room must be confined and saturated with the germicide. Long before the bacillic nature of whooping cough was known we had seen undoubted benefit from keeping the children for a large part of the day in the purifying house of the gas works, the air of which is saturated with germicidal vapors. On the other hand, one of the best of remedies in this or in other germ diseases is pure air, nearly all cases being greatly improved by a trip on the water. On the whole, the treatment has hitherto been so unsatisfactory, and the death rate is so small that many patients do not even call the doctor in when this disease makes its appearance, the general idea among the laity being that the doctor can do very little for the malady, which, on the other hand, is well known to disappear of itself after two or three months duration.

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#### TENTH INTERNATIONAL MEDICAL CONGRESS.

We, the undersigned, do hereby give notice, that according to the resolution passed at the Washington meeting, Sept. 9, 1887, the Tenth International Medical Congress will be held in Berlin.

The Congress will be opened on the 4th and closed on the 9th day of August, 1890.

Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical



Faculties and Medical Societies at Heidelberg on the 17th of September in the current year.

Meanwhile, we should feel sincerely obliged if you would kindly make this communication known among your medical circles and add in the same time our cordial invitation to the Congress

VON BERGMANN,  
VIRCHOW,  
WALDEYER.

The Queen has been rather troubled with rheumatism and insomnia again lately. Her Majesty has been ordered to take scarcely anything besides whisky and Apollinaris, as it is found that that pleasant and wholesome combination is most beneficial to her. The black crutch walking-stick has been painfully *en evidence* since the Queen's return from the North, but except for this Her Majesty's health is as good as it usually is in the summer.—*Lady's Pictorial*, London, July 6, 1889.

### BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents—The Treatment of Syphilis at the Present Time, by Dr. Maximilian von Zeissl; The Treatment of Inebriety in the Higher and Educated Classes, by James Stewart, B.A.; Manual of Hypodermic Medication, by Drs. Bourneville and Bricon. Published Monthly. Price, \$10.00 a year; single copies, \$1.00. New York, William Wood & Company, 56 and 58 Lafayette Place.

French and German literature is far richer in syphilographic works than English, in which language there are but few classical treatises on the subject. The first part of this volume is therefore a welcome addition to the English speaking practitioner's library. The latter part of the work shows how far hypodermic medication can be pushed; but this can be said of it that it is complete on that subject. In the middle portion Dr. Stewart pleads strongly for the Home treatment of inebriety in which most authorities now concur.

BOOK ON THE PHYSICIAN HIMSELF AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. Cathell, M.D., Baltimore, Md. Ninth Edition, Revised and Enlarged. Philadelphia and London: F. A. Davis, Publisher. Price, \$2.00 nett.

In giving his reasons for writing the book the author says:—"Impressed with the belief that a

'Book on the Physician Himself and Things that Concern His Reputation and Success' would be of decided benefit to numerous members of the profession, and finding that no such work existed, the author, with diffidence, attempted the duty of writing one. This book is the result. The marked favor with which it has been received by the medical press, the expressions of approval by many well-known members of the profession, and the demand for edition after edition of it, are taken as proof that such a work was greatly needed, and that it is finding its way into the hands of many of those for whom it was written. Grateful for this result, and desiring to render it more worthy of the flattering commendations it has received, the author has carefully revised the entire work, and made such alterations in it as greater experience and more mature reflection have dictated. He has also added a great deal of new material, the result of further thought and of later observations. It is confidently believed that the revision and new material make this, the ninth, edition a very great improvement on the older ones."

We have read this book a great many times but it has not lost in the least its interest. There are so many little things which go to make a successful practitioner besides pure science, and for the lack of which many very able men turn out professional failures. There is hardly a page of this book that does not contain suggestions which are worth more than the entire cost of it. We have always maintained that the medical schools should devote at least a few of their not always useful lectures to telling the young graduate how to succeed, which is the real goal and object of his studies. As the author says many a highly qualified man utterly fails in the battle of life simply for want of tact and business capacity. In recommending every one of our readers to at once send for this book we feel that we are doing them a service, which they will surely appreciate when they shall have read it.

### PERSONAL.

Dr. Eberts, (M.D. McGill, 1885) has settled in Wellington, B.C.

Dr. John Gardner sailed on August 29, per Allan Royal Mail S.S. "Parisian," for a hurried visit to England.

Dr. A. H. Ferguson, of Winnipeg, Man, returned home early this month after an absence in Europe of about 14 months.

Surgeon-Major Grier, of the British army at Halifax, attended the Banff meeting of the Canadian Medical Association.

Dr. Gaherty Montreal (Bishop's, 1870), Professor of Medical Jurisprudence in his Alma Mater, is, we regret to learn, confined to bed by a severe attack of synovitis.

Sir William Jenner has advised the Queen to give up champagne and claret for the present, and to drink whisky and Apollinaris Water.—*Truth*, London, July 11, 1889.

Dr. Spencer (M.D. McGill, 1879), of Brandon, struck Brandon at the right time, and with the steady growth of the town he has prospered, and to-day is one of its leading physicians.

Dr. Lefevre (M.D. McGill, 1879) is the leading physician of that phenomenal city of western Canada, Vancouver, B.C. He has been successful not only in practice, but in real estate, and is to-day one of its monied men.

Dr. W. E. Fairfield (Bishop's, '87), who has for some time been located in Wequiock, Wis., U. S., was in Montreal the end of August and favored us with a brief visit. He looks to be in perfect health and is working up an extensive practice.

Dr. Robert Howden (M.D. McGill, 1857), is in Winnipeg, and doing well. We recently gave our old fellow-student a call and had a pleasant chat over old times and college days. The sight of his face brought back pleasant memories.

Dr. Schultz, the Lieutenant-Governor of Manitoba, was particularly agreeable to his medical confreres at the garden party which he gave in honor of the Canadian Medical Association, as its members sojourned in Winnipeg for a day while en route to Banff.

Dr. A. A. Henderson (M.D. McGill, 1880) formerly of Calgary, N.W.T., but now of St. Paul, Minn., was one of the guests at the Winnipeg banquet to the Medical Association, on the 9th August last. His keen wit was as fresh as ever, and repeatedly he brought the house down by the quickness of his repartee.

The Hon. Dr. O'Donnell, who presided at the banquet given in Winnipeg to the members of the Canadian Medical Association, is in the front rank of Winnipeg's medical men. He was in Montreal twenty-five years ago, but went to Winnipeg when it had but few houses. With its wonderful growth he has steadily advanced with it, and to-day is esteemed by all his confreres.

Fr. De Wolf Smith (M.D. McGill, 1884) is doing well in New Westminster, B.C. He is at present the acting physician to the British Columbia Penitentiary, Dr. True, the late incumbent, having died a year ago. We know Dr. Smith to be well qualified for the position, and as he has done the work for a long time, we hope soon to hear that the Government has regularly appointed him.

Dr. McInnes, of Edmonton, N.W.T., travelled last month 200 miles by waggon, to Calgary, when he took the train to Banff, to attend the meeting of the Canadian Medical Association. Our Quebec friends, who did not even take the trouble to attend the meeting of the Association three years ago in their city, should read this paragraph and ponder. Dr. McInnes told me he felt repaid for his long journey, not only by what he heard, but by the friendships made.

Dr. Kennedy, of McLeod, N.W.T., read an admirable paper on the climate of Southern Alberta, at the meeting of the Canadian Medical Association, at Banff. It was among the best presented. Dr. Kennedy was a surgeon in the North-West Mounted Police for some time. He has collected a large amount of statistical material, quite enough for more than another paper. Dr. K. is too good a writer to allow his pen to remain quiet. Now that he has made such a good start, we hope much for him in the future.

In nearly every issue we try to find room for a column or two of "Therapeutic Briefs and Classroom Notes," for which we are indebted to our esteemed contemporary, *The College and Clinical Record* of Philadelphia, which for many years has made a specialty of this interesting kind of information. The CANADA MEDICAL RECORD, in the interests of its subscribers, is omnivorous and has a powerful digestion, so that its pages contain every month the very essence of the immense amount of literary pabulum contained in over a hundred weekly and monthly exchanges. In this busy age this is just what our readers want and we are daily receiving gratifying proof that our RECORD is appreciated by its subscribers. It may occasionally happen that in the hurry of going to press the name of the exchange from which we have extracted our information has not appeared at the end of it, but it is far from our wish that such should ever happen, and we shall always be happy to have our attention called to such an omission, in order that we may rectify it.

## CLASS-ROOM NOTES.

(From the *College and Clinical Record*.)

In cases of hospital gangrene never amputate till the line of demarcation forms.—(Prof. Gross.)

In the treatment of the diarrhæa of phthisis, oxide of zinc, guarded by a little opium, is useful.—(Prof. Da Costa.)

Prof. Da Costa regards the diagnosis of cancer of the stomach as uncertain in those cases in which no tumor is appreciable.

For the itching skin of scarlet fever Prof. Da Costa advised the following:—

R. Sodii salicylat.,	5ss
Lanolin,	3j. M.

In cases of varicocele which do not demand an operation, Prof. Brinton directs the constant wearing of a proper suspensory bandage.

In the treatment of dislocations, particularly those of the shoulder and hip joints, manipulation is always preferable to force.—(Dr. Mears.)









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